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Andrews University

School of Education

**A COMPARISON OF THE HEALTH BELIEFS OF FLORENCE
NIGHTINGALE AND ELLEN G. WHITE AND THE
INCORPORATION OF THEM INTO THEIR
RESPECTIVE SCHOOLS OF NURSING**

A Dissertation

Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Ruth Duncan Abbott

January 2001

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ABSTRACT

**A COMPARISON OF THE HEALTH BELIEFS OF FLORENCE
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by

Ruth Duncan Abbott

Chair: Paul S. Brantley

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

**Title: A COMPARISON OF THE HEALTH BELIEFS OF FLORENCE
NIGHTINGALE AND ELLEN G. WHITE AND THE INCORPORATION OF
THEM INTO THEIR RESPECTIVE SCHOOLS OF NURSING**

Name of researcher: Ruth Duncan Abbott

Name and degree of faculty chair: Paul S. Brantley, Ph.D.

Date completed: January 2001

This study explored the similarities and differences of the health beliefs of Ellen G. White and Florence Nightingale and how these beliefs were incorporated into each of their respective schools of nursing, the Nightingale Training School for Nurses at St. Thomas' Hospital and the Medical Missionary Training School for Nurses at the Battle Creek Sanitarium in Battle Creek, Michigan. The research also examined the contextual factors that shaped each woman's philosophy and influenced the manner in which they carried out their work. Additionally, the research provides information about the historical context surrounding the beginnings of modern nursing, education, health, society, and religion in the nineteenth-century world of Florence Nightingale and Ellen G. White.

Predominately primary sources were utilized. The writings of Florence Nightingale were researched at the British Library, the Wellcome Institute, and the Greater London Record Office. The writings of Ellen G. White were found at the Ellen G. White Estate, Andrews University, Berrien Springs, Michigan.

This research revealed that the philosophical beliefs of each woman underpinned her health beliefs. Similarities in their health beliefs included concepts about cleanliness, water, nutrition, sunshine, ventilation, and rest. These concepts were common reform issues of that time. Their beliefs about disease, exercise, temperance, and trust in divine power differed. These differences were related to very different philosophical paradigms and family backgrounds. Aspects of each woman's health beliefs were found in the curriculums of her respective school, although documentation for the spiritual dimension at the Battle Creek school was limited primarily to the informal curriculum.

Differences were also found in the way that each woman reformed nursing and in her source of reform. Florence Nightingale's source of reform was her passion, personal observation, and education. She reformed nursing by using her political influence and money. Ellen G. White's source of reform was her belief in messages from God. Her reform was built on utilizing these principles. The influence that both women played in the role of nursing and health care is still evident in today's schools of nursing.

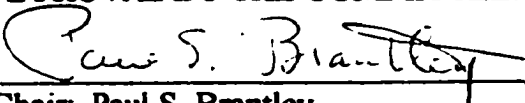
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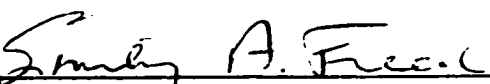
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Doctor of Philosophy

by

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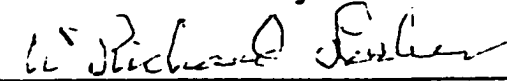

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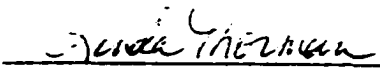

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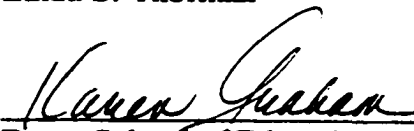

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Member: Jerry A. Moon


Member: Rilla Dee Taylor


External: W. Richard Lesher


Director of Graduate Programs
Linda S. Thorman


Dean, School of Education
Karen R. Graham



Date approved

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LIST OF ABBREVIATIONS

BCHS	Battle Creek Historical Society, Battle Creek, Michigan
BL	Nightingale Collection, British Library, London, England
EGW	Ellen G. White Estate, Branch Office, Andrews University, Berrien Springs, Michigan
GLRO	Greater London Record Office, London, England
<i>NN</i>	<i>Notes on Nursing</i>
<i>ST</i>	<i>Suggestions for Thought to the Searcher After Truth Among the Artizans of England</i>
Wellcome	Vernay Collection, Wellcome Institute, History of Medicine, London, England

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CHAPTER 1

INTRODUCTION

Background

The name Florence Nightingale (1820-1910) evokes an image of the lady with the lamp going from bedside to bedside during the Crimean War. This romanticized image, however, does not accurately represent the independent and fiercely liberated woman who changed the course of nursing forever both through the force of her personality and the books and articles she published. The Nightingale Training School for Nurses founded in 1860, and allegedly based on her beliefs, became the model not only for nursing education in the Western world but in every corner of the British Empire. As a result of this influence, references to Nightingale are common in nursing education programs, nursing textbooks, and nursing journals. Not surprisingly, her status as the founder of modern nursing is unquestioned as, throughout the world, nurses and other health care workers honor her memory during Nurses' Week, celebrated around the time of her birthday, May 12.

About the same time that Nightingale lived, Ellen G. White (1827-1915), a Seventh-day Adventist leader in the United States, played a prominent role in the development of the Seventh-day Adventist denomination, including the founding of its

health care institutions and educational system. In 1865 she advocated the establishment of a health reform institution that would address both spiritual and physical problems related to health. Her beliefs about health undergirded the practice and teaching at the Western Health Reform Institute, later known as the Battle Creek Sanitarium. To provide sufficient nurses, properly trained with the appropriate health principles, a school of nursing, the Medical Missionary Training School for Nurses, was opened on the sanitarium premises in 1884. In subsequent Seventh-day Adventist nursing education, the curricula commonly refer to health principles espoused by Ellen G. White.

While Florence Nightingale encouraged the English to reform their health habits, Ellen G. White campaigned for similar reforms in the United States. These two women never met or corresponded with one another, yet their writings about health have strong similarities. Each was a prolific writer, yet neither intended to be involved in nursing education, either directly or indirectly, when she began writing.

As a Seventh-day Adventist familiar with the writings of White, and a nursing educator familiar with the writings of Nightingale, I became intrigued with the similarities in their lives and work and their common image as health reformers. This study grew from a desire to investigate their writings more closely and to compare the extent to which the school of nursing associated with each woman incorporated her health beliefs.

Although chronologically close in age, these two women grew up in vastly different circumstances. Florence Nightingale was born into an affluent high-society English family.

Ellen G. White was born to a farmer's family in Maine.¹ Florence's family raised her to be a lady of leisure. She traveled extensively throughout Europe and Egypt, and never married. Ellen worked for her father until she married a minister, whose income at times barely provided for necessities. While Florence was one of the best-educated women in England, Ellen's formal education was very limited. Florence had some training as a nurse; Ellen had none. In the past forty years many scholars have begun to study the work and writings of Ellen G. White.² In contrast, one book has ranked Florence Nightingale forty-fourth in the one hundred most influential people of this millennium.³

Coming from such varied backgrounds, what made their writings so similar? How did each become so publicly involved in so wide a spectrum of health and social needs? The environment one lives in influences one's beliefs. Societal conditions in the nineteenth century, therefore, must have influenced the health beliefs of both Florence Nightingale and Ellen G. White. The two had similar views about the social and hygienic issues of the time. These issues included, but were not limited to, religion, roles of women, education,

¹After the family moved to Portland, between 1831 and 1833, Ellen's father worked as a hat maker.

²Herbert Douglass, *Messenger of the Lord: The Prophetic Ministry of Ellen G. White* (Nampa, ID: Pacific Press Publishing Association, 1998); Arthur White, *Ellen G. White*, 6 vols. (Washington, DC: Review and Herald Publishing Association, 1986); Roger Coon, *The Great Visions of Ellen G. White* (Hagerstown, MD: Review and Herald Publishing Association, 1992); Ronald L. Numbers, *Prophetess of Health: Ellen G. White and the Origins of the Seventh-day Adventist Health Reform*, foreword by Jonathon Butler (Knoxville: University of Tennessee Press, 1992); Ann Taves, *Fits, Trances, and Visions* (Princeton, NJ: Princeton University Press, 1999).

³Robert Friedman, ed., *The Life Millennium* (New York: Life Books, 1998), 118.

sanitation, ventilation, nutrition, and care of the sick. In all social classes, knowledge about health was nearly nonexistent. The general population did not understand the relationship between disease, sanitation, ventilation, nutrition, and care of oneself. The belief prevailed that health was nonnegotiable and little could be done to improve it. Health promotion was unheard of. Modern theories about disease were in their infancy. Florence Nightingale was sixty-two and Ellen White fifty-five when the germ theory was confirmed in 1882.

If they needed care beyond that which the family could provide, the sick were cared for primarily at home, by uneducated women who were little more than maids. Admission to a hospital usually suggested financial or physical destitution. Women who worked as nurses in hospitals were often individuals of ill-repute who practiced nursing as a last resort. Formally trained nurses were atypical.¹ In fact, finding formally educated women at any level was rare. Many women in both Great Britain and in the United States were unhappy with their roles and some of the more militant were agitating for change. Susan B. Anthony (1820-1906), Octavia Hill (1838-1912), and Harriet Martineau (1802-1876) were contemporaries of White and Nightingale; Jane Addams—pacifist, social worker and suffragette—opened Hull House in Chicago in 1889 and Josephine Butler’s work in England led to the repeal of the Contagious Disease Acts in 1886.²

¹Isabel Stewart, *The Education of Nurses* (New York: Macmillan, 1947), 33-35.

²Joan Perkins, *Victorian Women* (Washington Square, NY: New York University Press, 1993), 244.

During their lives, great religious revivals occurred both in Great Britain and the United States. In the United States, the Great Awakening occurred in the 1730s; but toward the end of the eighteenth century and into the nineteenth century (1759-1875) religious unrest with spiritual indifference resulted in evangelical Protestantism revival, commonly called the Second Great Awakening. Revival movements in England occurred simultaneously.¹

Both Nightingale and White had strong spiritual convictions and each believed she had received a call from God to be a worker for Him. Nightingale had a more immediate focus, which was to restore health to individuals so they could live better lives on earth. White's focus included preparation for a future life. She believed that individuals needed health reform as an aid to character development in preparation for the second coming of Jesus. Although widely known for their commitment to health reform, both Florence Nightingale and Ellen White wrote extensively about other interests. Nightingale contributed to the reforms of the British army and Great Britain's and India's public health services. She was a prodigious writer, penning more than two hundred books, articles, and

¹For more extended reading on revivalism, see Richard Carwardine, *Transatlantic Revivalism: Popular Evangelicalism in Britain and America, 1790-1865* (Westport, CT: Greenwood Press, 1978).

reports and more than twelve hundred letters.¹ Her most famous book, *Notes on Nursing: What It Is and What It Is Not*,² describes her basic beliefs about health.

Although not a nurse, Ellen G. White wrote extensively about health and healing, education, parenting, nutrition, stewardship, and religion. Her first writings on health were pamphlets entitled *Health: Or How To Live*,³ followed by many other articles and books related to various aspects of health. *The Ministry of Healing*⁴ is one of White's better known books about health. Her writings include more than 120 books and pamphlets and more than 4,600 articles and a multitude of letters. The Ellen G. White Estate⁵ has more than sixty thousand typewritten pages of letters and manuscripts.⁶ Though widely read by

¹[Untitled pamphlet] (London: Florence Nightingale Museum, 1995).

²Florence Nightingale, *Notes on Nursing: What It Is and What It Is Not* (London: Harrison and Sons, 1860). Nightingale wrote subsequent published versions of this book in 1861 and 1862.

³Ellen G. White, *Health: Or How to Live* (Battle Creek, MI: Steam Press, 1865)

⁴Ellen G. White, *The Ministry of Healing* (Battle Creek, MI: Steam Press, 1905).

⁵The Ellen G. White Estate was organized as a trust created in the last will and testament of Ellen G. White. It is to act as an agent in the custody of her writings. In addition, the board of trustees, originally named by Ellen G. White, is responsible for "conducting the business thereof," "securing the printings of new translations," and the "printing of compilations from my manuscripts." The White Estate maintains a branch office and vault at Andrews University, Berrien Springs, MI. Key documents may also be found at Loma Linda University, Loma Linda, CA. See *Seventh-day Adventist Encyclopedia*, 1996 ed., s.v. "Ellen G. White Estate, Incorporated."

⁶*Ellen G. White Estate Branch Office and Research Center* (Berrien Springs, MI: Ellen G. White Estate Branch Office and Research Center, Andrews University, 1996).

Seventh-day Adventist church members, outside the denomination White's writings are not as well known as Nightingale's.

Biographical Works

Soon after the death of Florence Nightingale, her family commissioned Sir Edward Cook to write her biography, *The Life of Florence Nightingale*,¹ published in 1913. The family gave Cook access to most of her letters, manuscripts, and notes, but requested for personal reasons that he not include certain intimate details such as her romance with Richard Monckton Miles. Cook's biography covered the life of Florence Nightingale as a whole. He portrayed her as a determined, intelligent, masterful, soft-spoken woman who was concerned with the needs of others, even at her own expense—characteristics evident throughout her lifetime. Although he called her the lady of the lamp and wrote of her heroic efforts in the Crimea War, Cook also discussed her struggles and conflicts but did not emphasize them. His two-volume biography is better documented than any other. Most other biographies since have been a recapitulation of it.

Five years after Cook's biography, Lytton Strachey included an abbreviated biography of Nightingale in his *Eminent Victorians*. His portrayal of Florence was much different from Cook's:

Everyone knows the popular conception of Florence Nightingale. The saintly, self-sacrificing woman, the delicate maiden of high degree who threw aside the pleasures of a life of ease to succor the afflicted, the Lady with the Lamp, gliding

¹Sir Edward Cook, *The Life of Florence Nightingale*, 2 vols. (London: Macmillan and Company, 1913).

through the horrors of the hospital at Scutari, and consecrating with the radiance of her goodness the dying soldiers's couch--the vision is familiar to all. But the truth was different. The Miss Nightingale of fact was not as facile fancy painted her. She worked in another fashion, and towards another end; she moved under the stress of an impetus which finds no place in the popular imagination. A Demon possessed her. Now demons, whatever else they may be, are full of interest. And so it happens that in the real Miss Nightingale, there was more that was interesting than in the legendary one; there was also less that was agreeable.¹

Most of the public was very upset with Strachey's portrayal of Florence Nightingale, conflicting as it did with the romanticized version which they had come to believe. Reading her original papers, however, it is easy to identify many of the unfortunate attributes about which Strachey wrote. Although Strachey utilized Sir Edward Cook's biography and some of the same papers that Cook used, he had not been commissioned by the family and therefore he was able to look at Nightingale's life more critically than Cook.

Nearly one hundred years after the events of the Crimea, Cecil Woodham-Smith wrote the second major Nightingale biography.² She utilized the chronological events as organized by Cook, but discussed some of Nightingale's negative relationships, especially the strained relationships Florence had with her mother and sister. Woodham-Smith had access to the Verney-Nightingale papers which had not been available to either Cook or Strachey. These papers comprise the domestic correspondence and private papers of Florence's mother (Frances), her sister Parthenope (Lady Verney), and other members of

¹Lytton Strachey, *Eminent Victorians* (London: Chatto and Windus, 1918), 115.

²Cecil Woodham-Smith, *Florence Nightingale 1820-1910* (London: McGraw-Hill, 1951).

the Nightingale family. While Woodham-Smith strengthened her book with the addition of these memoirs, she did not provide the excellent documentation and referencing that Cook did.

Rather than full-scale biographies, other works have focused on specific aspects of the life and work of Nightingale, such as her time in the Crimea,¹ her life in Egypt and Greece,² her relationship with nursing,³ her use of power,⁴ her management and leadership style,⁵ and her personality.⁶ Although they provide a greater in-depth view of aspects of Nightingale's life, these works present little or no new information. The sources are Nightingale's correspondence.

Two major biographical works on the life of Ellen G. White exist. The earliest, an autobiography first printed in 1860, gives a narrative of her life and labors.⁷ Mrs. White

¹Sue Goldie, *Florence Nightingale in the Crimean War, 1854-1856* (Manchester, England: Manchester University Press, 1987).

²Michael Calabria, *Florence Nightingale in Egypt & Greece: Her Diary and Visions* (Albany, NY: State University of New York Press, 1997).

³Monica Baly, *Florence Nightingale and the Nursing Legacy*, 2nd ed. (Philadelphia: BainBridge Books, 1998).

⁴Francis Smith, *Florence Nightingale: Reputation and Power* (Beckenham, England: Croom Helm, 1982).

⁵Beth Ulrich, *Leadership and Management According to Florence Nightingale* (Norwalk, CT: Appleton and Lange, 1992).

⁶Raymond Hebert, *Florence Nightingale: Saint, Reformer or Rebel?* (Malabar, FL: Robert E. Kreiger Publishing, 1981).

⁷Ellen G. White, *My Christian Experience, Views, and Labors in Connection with the Rise and Progress of the Third Angel's Message* (Battle Creek, MI: James White,

enhanced this book and republished it in the year her husband died as *Life Sketches of James White and Ellen G. White*.¹ After her death, it again was revised and retitled *Life Sketches of Ellen G. White*.² The first forty-one chapters of this later version are the same as in the 1880 edition. Clarence Crisler (her secretary from 1901 until her death), her son William, and her grandson-in-law Does Robinson completed the sketch.

Arthur White's six-volume work on his grandmother's life is the major biography of Ellen G. White.³ Throughout the six volumes he presents a chronological elucidation of her life. White utilizes many direct quotations from his grandmother's letters, manuscripts, and books. Although he provides some social, political, and geographical background information, his major focus does not provide an in-depth interpretation of the milieu.

T. Housel Jemison's *A Prophet Among You*,⁴ a textbook for Seventh-day Adventist colleges, examined the life of Ellen G. White in the context of the second advent movement and the place of her writings in the Seventh-day Adventist church. This book explained the biblical basis for the gift of prophecy. It then discussed and substantiated the

1860).

¹Ellen G. White, *Life Sketches of James White and Ellen G. White* (Battle Creek, MI: Steam Press, 1880).

²Ellen G. White, Clarence C. Crisler, William C. White, and Does Robinson, *Life Sketches of Ellen G. White* (Battle Creek, MI: Steam Press, 1915).

³Arthur L. White, *Ellen G. White*.

⁴T. Housel Jemison, *A Prophet Among You* (Boise, ID: Pacific Press Publishing, 1955).

divine inspiration that Ellen G. White claimed in her writings. It also examined the relationship of White's writings to the Bible and her role as a messenger to the Seventh-day Adventist Church.

Herbert Douglass's *Messenger of the Lord: The Prophetic Ministry of Ellen G. White* replaced Jemison's work as a college text to provide resource material for Seventh-day Adventist college and seminary students. Douglass also sought to provide to the Adventist community a contemporary book regarding the life and witness of Ellen G. White. Douglass examined the biblical characterization of a prophet and concluded that Ellen G. White does meet the biblical qualifications. He examined her seventy-year ministry and affirmed that her counsel made a positive impact on the development of the Seventh-day Adventist church. Douglass also found that, when considering the message and mission of the Seventh-day Adventist church, Ellen G. White's writings are as relevant today as they were at the time of their writing.

Ronald L. Numbers produced *Prophetess of Health: Ellen G. White and the Origins of the Seventh-day Adventist Health Reform* which he expanded from the earlier *A Prophetess of Health: A Study of Ellen G. White*.¹ This book was not well accepted by the Adventist community.² In fact it produced a reaction similar to the reaction that the British public had to Strachey's book on Nightingale. Numbers's book focused on Ellen G.

¹Ronald Numbers, *A Prophetess of Health: A Study of Ellen G. White* (New York: Harper & Row, 1976).

²Jonathon Butler, "Introduction," in Numbers, *Prophetess of Health: Ellen G. White and the Origins of the Seventh-day Adventist Health Reform*, xxv-lxii..

White's development as a health reformer. It examined her life, illnesses, and various aspects of her health beliefs (i.e., hydropathy, nutrition, vegetarianism, dress, and sex in the context of nineteenth-century health beliefs). In his research, Number's uncovered works before White's visions that made him question her claim to divine inspiration. In writing this book he said that he sought neither to defend nor to damn but simply to understand her beliefs in historical context.¹ Although accepted as a scholarly book by academics, it is considered controversial among Seventh-day Adventists. This book, nevertheless, provides considerable detail regarding the nineteenth-century health-reform movement and the health beliefs of Ellen G. White.

Various authors have written about specific aspects of Ellen White's life. D. A. Delafield chronicled her time in Europe,² Roger Coon³ and Ann Taves⁴ wrote about her visions, George Knight wrote about Ellen's everyday life as a wife, mother and friend,⁵

¹Numbers, *Prophetess of Health: Ellen G. White and the Origins of the Seventh-day Adventist Health Reform*, xxxii.

²D. A. Delafield, *Ellen G. White in Europe, 1885-1887* (Washington, DC: Review and Herald Publishing Association, 1975).

³Roger Coon, *The Great Visions of Ellen G. White* (Hagerstown, MD: Review and Herald Publishing Association, 1992).

⁴Taves, 129-165, 225.

⁵George Knight, *Walking with Ellen White* (Hagerstown, MD: Review and Herald Publishing Association, 1999); idem, *Meeting Ellen White* (Hagerstown, MD: Review and Herald Publishing Association, 1996).

Bernadine Irwin interpreted the psychohistory of Ellen as a young person,¹ and Jerry Moon discussed the relationship between her and her son, Willie.²

The numerous books and articles about Florence Nightingale are comprehensive regarding her life, or aspects of it, but they do not analyze either her beliefs about health or the incorporation of them into the Nightingale Training School for Nurses. While works on Ellen G. White examine her concepts of health, none attempts to investigate the impact of her beliefs on the Medical Missionary Training School for Nurses at the Battle Creek Sanitarium. This study purposes to do both.

Research Problem and Questions

Although Florence Nightingale did not claim direct inspiration from God and Ellen G. White did, their resulting general health messages are very similar. These women wrote about health reform at a time when the people of both Great Britain and the United States showed a beginning interest in health. Their ideas and beliefs coincided with the scientific and intellectual awakening of the nineteenth century, and with changes in the roles of women that were occurring. These changes and the principles that they espoused provided the impetus for the development of nursing schools. The similarities and differences of these two individuals are the focus of the comparative study that follows. It

¹Bernadine Irwin, *Ellen White, We Never Knew You* (Loma Linda, CA: Millenia Publishing Company, 1999).

²Jerry Moon, *W.C. White and Ellen G. White, The Relationship Between the Prophet and Her Son* (Berrien Springs, MI: Andrews University Press, 1993).

is the thesis of this study that these differences reflected each woman's personal religious beliefs, family background, and societal conditions, and influenced the curriculum in their respective school of nursing.

This research explores the following questions: What were the beliefs of each woman regarding health? What contextual factors shaped the philosophies of Florence Nightingale and Ellen G. White and influenced the manner in which they carried out their work? How can we account for the great similarities in their health beliefs when they came from different countries and from such widely diverse backgrounds? To what extent were their beliefs incorporated into the curricula of the schools of nursing reputedly founded on their principles?

The dissertation will address these questions in the following chapters. First, chapters 2 and 3 look at the influence of the environment on Florence Nightingale and Ellen G. White. The intent is to provide a cross-sectional description of the external environmental factors influencing their personal lives. Externally, they differed in socioeconomic class, education, geography, and family situations. On the other hand, their internal environments were remarkably similar in their strong spiritual commitment, intellect, and vocational orientation. The advances in scientific knowledge related to health, education, religious revivals, and women's roles had a profound influence on the ways these two prominent women lived their lives.

Chapters 4 and 6 describe how Nightingale and White internalized these environmental influences in their development as individuals. These chapters relate the

remarkable similarities in the emergence of their spirituality and their health beliefs. They also outline the specific areas of reform these women advocated. These reforms, considered radical then, included changes in diet, use of fresh air and exercise, and specific instructions for general hygiene, such as frequent bathing.

Chapters 5 and 7 discuss the influence on society exerted by Nightingale and White by their writings and specifically through the nursing schools. These chapters include the incorporation of the health beliefs of the respective women into the organization and curricula of the Nightingale Training School for Nurses at St. Thomas' Hospital in London and of the Medical Missionary Training School for Nurses at the Battle Creek Sanitarium in Battle Creek, Michigan.

The last, chapter 8, explores the differences between these two women and focuses on the extent to which their personal philosophy and religious beliefs, family background, and society influenced their health beliefs and the incorporation of them in their respective schools of nursing.

Delimitations

This study is limited to the teachings of both women and the curricula of both schools before 1900. Although not intended to be a biographical essay of either Florence Nightingale or Ellen G. White, this dissertation provides appropriate biographical data of both women to increase understanding of their lives. This dissertation does not address the issue of the authenticity of Ellen G. White's claims that she received visions and divine guidance.

Purpose and Significance of Study

First, the study will compare the health beliefs of Ellen G. White and Florence Nightingale, two prominent nineteenth-century women who wrote about and advocated health reform. It will also investigate the incorporation of their health beliefs into the curricula of the two respective nursing schools, the Nightingale Training School for Nurses at St. Thomas' Hospital and the Medical Missionary Training School for Nurses at the Battle Creek Sanitarium.

Second, this study will provide information about the historical context surrounding the beginnings of modern nursing, education, health, society, and religion in the nineteenth-century world of Florence Nightingale and Ellen G. White. To comprehend the beliefs of individuals, one must understand the context in which they lived and wrote.

Third, this research will clarify the health beliefs of Florence Nightingale and will investigate the commonly supposed incorporation of her beliefs into the curricula of the Nightingale Training School for Nurses. Although it was founded in her honor, Florence Nightingale neither taught at this school nor visited it in person until twenty-four years after its inception. This research is important, therefore, in clarifying how (or if) her beliefs influenced the curriculum.

Fourth, this research will clarify the beliefs of Ellen G. White about health and the use of these beliefs in the development of the Medical Missionary Training School for Nurses. Although many Seventh-day Adventists believe that the training school at the

Battle Creek Sanitarium was based on the health beliefs of Ellen G. White, this is an assumption that has not been carefully examined by researchers.

CHAPTER 2

ENVIRONMENTAL FACTORS SHAPING FLORENCE NIGHTINGALE

This chapter discusses the environment into which Florence Nightingale was born and raised. The focus is on her external environment with a description of the person she became. More than 170 years have passed since her birth and almost 90 since her death. The societal differences between the nineteenth century when Florence Nightingale lived and wrote and the present are vast. Nightingale was a reformer; therefore, to understand the role that she played in reformation, one needs to understand nineteenth-century societal conditions.

Florence Nightingale was born into a society characterized by widely disparate social structures. At one end of society the upper class lived in a state of prosperity; at the other end were the oppressed lower classes. Pauperism, the workhouse, famine, and despicable working conditions that fostered disease, disability, drunkenness, and early death characterized the British working and lower classes. Effort at reform made by the aristocracy assumed the form of charity balls, bazaars, and other social benefits to raise money, but very little was accomplished through these efforts. Florence's mother was a genteel woman who visited the poor villagers to give them table scraps or other

donations, delivering them from her carriage but never setting foot in the people's homes.¹ Unlike her mother, Florence often frequented the village cottages as a child and young lady.² She always had time for someone who needed assistance. Her concern for the unfortunate started at an early age and lasted throughout her life. The contributions that she made to hospital nursing, Poor Law nursing, and district nursing enhanced the lives of not only the indigent but also of society as a whole.³

Florence Nightingale possessed a fortunate blend of a tender, sensitive concern for the unfortunate and a self-motivation to bring about change. She was a member of the Church of England, although she had strong Unitarian ties.⁴ She was a deeply spiritual individual and believed that serving God meant serving humanity.⁵ These values fueled her passion to better others, helping those less fortunate. Serving others was her life-long vocation, implemented in spite of disapproval from both her family and society at times. She was not the saint as epitomized by many authors after her death, but neither was she the devil as portrayed by Strachey.

¹Irene S. Palmer, "Florence Nightingale: Reformer, Reactionary, Researcher," *Nursing Research* 26 (March/April 1977): 84.

²Mary Raymond Andrews, *A Lost Commander: Florence Nightingale* (Garden City, NY: Doubleday, Doran & Co, 1941), 6.

³Monica Baly, "News Focus: Shattering the Nightingale Myth," *Nursing Times* 82 (11 June 1986): 17.

⁴Nightingale's spiritual beliefs underpinned her health beliefs; see extensive discussion in chapter 4.

⁵Florence Nightingale to William E. Nightingale, 23 September 1863, BL.

Florence was a reformer (Raymond Hebert¹ calls her a rebel with a cause) who had a mission and carried it through even at her own sacrifice, which at times included health, finances, and relationships. As with any reformer, society did not view positively the ways and methods that she used to accomplish her goals; some of her opponents felt that she was very manipulative. She effected change through her work habits and friends. Today we would label her a workaholic. Any occupation but working for improved health standards seemed to her a waste of time. According to Mary Coakley, Florence believed in a life of deeds and action, and she envisioned the hereafter as a world of work until one achieved perfection.² This was her motivation.

Florence also believed that the best way to create change was quietly to work from within the system, which she accomplished easily. Although she was a shy person who retreated from publicity of all kinds, she never hesitated to let people know her opinion on major issues.³ Her social status and family heritage afforded her this opportunity since the Nightingales had family and friends in parliament and other strategic government offices. Her family physician was also the physician to the Queen and her long-time neighbor was the prime minister. She had several close friends who were authors or journalists. They would write articles that espoused Florence's opinions. Through the

¹Hebert, 2.

²Mary Lewis Coakely, "Florence Nightingale: A One-Woman Revolution," *Journal of Christian Nursing* 6 (Winter 1989): 22.

³Cook, 101, 110, 131-6, 211, 372.

influence of her close friend, Sidney Hubert, the Secretary of War, the government appointed her as the Superintendent of the Female Nursing Establishment of the English General Hospitals in Turkey (Crimean War).¹ Irene Palmer believes that Florence could not have made the changes she did without the influence of her friends and the ability to hire others to do mundane tasks. Palmer also believes that in some aspects Florence was manipulative in getting her ideas and writings to the public.² For whatever methods that Florence employed, her desire, compassion, heritage, and intellect all played important roles in making her the change agent that she would become, a woman who could effect change in a man's world.

The decisions that Miss Nightingale made regarding her life were bold for the environment in which she lived. To say that she was a product of her time is true; but under the same circumstances, most other women then would not have made the same choices that she did. Her religious beliefs³ and concern for others motivated these choices. During the second half of the century in England, evangelical and liberal thought started to change public attitudes toward poverty and disease. With these changes occurring, and due to her concern for the unfortunate and her unconventional desire and motivation for change, the time was ripe for Nightingale's ideas to take form.

¹Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854-1914* (London: Routledge and Kegan Paul, 1988), 35, 36.

²Irene Palmer, "Florence Nightingale: The Myth and the Reality," *Nursing Times* 79 (3 August 1983): 42.

³See chapter 4 for an extensive discussion of Nightingale's religious beliefs.

Family and Early Life

Florence Nightingale's heritage favorably prepared her for the roles she was to play in history. She was born May 12, 1820, to William and Frances (Fanny) Nightingale. She was their second child, born in Italy while they were on a European holiday. Florence grew up in an affluent English family with a country estate, a summer home, and a house in London. Her father was a gentleman; his work was managing his estates and ensuring the prosperity of his heritage. Both parents had come from families who promoted humanitarian efforts. Family members had been involved in the abolition of slavery and in other types of public service. Mrs. Cecil Woodham-Smith wrote that Florence's father "did a great deal for his tenants, supported a free school at great expense near Lea Hurst."¹ According to Lucy Seymer,² Florence inherited a strong sense of social responsibility from her family; public service was a common topic discussed in the Nightingale home and thus set the stage for Florence's concerns about those less fortunate.

William was progressive in his thoughts and unlike most men of that time believed that his two daughters needed education beyond that required by the social duties of a woman. Florence and her older sister Parthenope (Parthe) had a governess to instruct them in music and drawing. William could not find one to satisfy his intellectual

¹Woodham-Smith, *Florence Nightingale 1820-1910*, 5.

²Lucy Ridgely Seymer, *Florence Nightingale* (New York: Macmillan Company, 1950), 2-4.

requirements for the other subjects, so he taught his children himself. Florence excelled under her father's teaching. By her teens she had mastered the elements of French, German, Italian, classical Greek and Latin, history, mathematics, and philosophy. She enjoyed writing and composed essays in both French and English on subjects determined by her father. A *Common Place Book*, in which Florence kept some of her notes during adolescence, documented that her education included chemistry, geography, astronomy, and physics.¹ Florence had an interest in many areas but especially enjoyed mathematics. This appalled her mother because she felt that mathematics was no fit subject of study for a marriageable young woman.² This love of mathematics persisted throughout her life. Dr. William Farr, the Royal Commissioner on Health of the Army and a leading statistician, thought that Florence found statistics more enlivening than a novel. He once told her that he had a New Year's gift for her in the shape of tables of figures. She responded, "I am exceedingly anxious to see your charming gift, especially the figures about deaths, admissions and diseases."³ She valued statistics because she envisioned people behind the numbers. Statistics were people who showed suffering or people who had some compelling problem that she could probably satisfy.

Florence once displayed the breadth and depth of her academic intellect at a dinner party given by her father. On this occasion, according to her cousin, Florence sat

¹Florence Nightingale, *Common Place Book*, BL.

²Fanny Nightingale to Aunt Mai Shore, 15 March 1840, BL.

³Dr. Farr, quoted in Coakely, 22.

between an eminent geologist and an Egyptologist. Florence amazed the geologist by her knowledge; but when she continued in the realms of Latin and Greek, the geologist had to leave the conversation. The Egyptologist continued with the conversation until she began quoting Lepsius,¹ which she had been studying in the original.² In early to mid-nineteenth-century England, this extensive an education was uncommon for men, except in the upper-middle and upper classes, and rare for women of any class.

The English Educational System

Although education was not of prime importance to all the citizens of England in the first half of the century, it played an important role in the life of Florence Nightingale. She abhorred the lack of education in the general population. Florence herself was involved with the Ragged School movement³ and believed that all should have the opportunity for learning.⁴ Although Florence had the opportunity for learning, not all in

¹Karl Lepsius was a German Egyptologist and philologist. He made an expedition (1842-45) to the Nile valley and the Sudan and as a result of his excavations and studies wrote *Denkmaler aus Agypten und Athiopien*, a important archaeological work.

²Lady Caroline Fox, *Memories of Old Friends* (London: Hurst and Blackett, 1918), 311, 312.

³The Ragged School movement emphasized education for children who worked during the day and did not have the proper clothes to attend a regular school. The classes were usually held in the late afternoon or early evening after work. Lord Shaftesbury, a close friend of the Nightingales, was the founder of the Ragged School Union.

⁴Isabel Stewart, "Florence Nightingale—Educator," *Teachers College Record* (December 1939): 5.

England did. The educational system of nineteenth-century England differed greatly from what we have in the twentieth century, in that education was reserved for the privileged. It is within these confines that Florence Nightingale's reforms occurred.

In nineteenth-century England, illiteracy was prevalent. The number of people in London in 1851 who were unable to sign their names on their wedding day and marked the registry books with crosses showed the inadequacy or the unavailability (or both) of education. The Registrar General reported that 31 percent of the grooms and 45 percent of the brides could not write their own names.¹ A school survey, also conducted in 1851, found that there were more than 700 teachers in England who also could not sign their own names. This survey found that less than half of the school-age children in England had ever seen inside a classroom. Of those who did go to school, very few remained after the age of eleven.²

During this period the type and support of education varied greatly. There were few if any regulations for curriculums. The educational variety would have been reflected among those who would train in the Nightingale School of Nursing and read Nightingale's writings, thus making the task of nursing instructors very challenging.

¹*Registrar General*, 1851, GLRO.

²*School Survey*, 1851, GLRO.

The Public School

During the early to mid-1800s, the most common school in England was the public school. Male children of the middle and upper classes attended these private boarding schools starting at the age of eight. Most of their time was spent in learning the classics, as well as Greek and Latin grammar. The purposes of the public school were twofold: to produce Christian gentlemen and to provide an education. The character-forming part of the school was considered more important than the intellectual. In 1860, a survey at Rugby, a prestigious public school, found that twenty-two of the forty hours of education per week were spent on academics. Of these twenty-two hours, seventeen were spent in the study of Greek and Latin and the other five on history, language and grammar, reading, spelling, writing, and mathematics. The remaining eighteen hours were spent on boating, cricket, and other recreational pursuits.¹

Church Schools

For poor children, educational opportunities were few; most had to work. Those who did attempt to gain a basic education frequently had to pay fees to the overcrowded church-run schools where students rarely had the opportunity to write on paper. Education for the poor—limited to reading, writing, and some arithmetic—did not bring the promise of upward mobility in either class or earning power.

¹Christopher Hibbert, *Daily Life in Victorian England* (New York: American Publishing, 1975), 48.

Ragged Schools

Some urban children without the money for fees, the requisite clean clothing, or the freedom to attend school during the day attended a Ragged School. These schools often met in the evening so that the children could work during the day. Their main aim was to reduce delinquency. Frances Power Cobbe wrote of the Mary Carpenter's Ragged School for girls:

They were specially designed to *civilize* the children; to *tame* them enough to induce them, for example, to sit reasonably still on a bench for half an hour at a time; to wash their hands and faces; to comb their hair; to forbear from shouting, singing, making faces; after which preliminaries they began to acquire the art of learning lessons.¹

Discipline for use of bad language or signs of sexual knowledge among students was frequent. The schools expelled many children for fear of moral contamination of their classmates.

Other Types of Schools

Country schools and dame schools also existed. Their main objective was to teach the children how to read the Bible, often the only book in the school room. Some manufacturing companies had industrial schools to train students for specific jobs. A visitor to one school, run by the educational reformer James Kay-Shuttleworth at Norwood in the 1840s, described her findings in a letter to a friend:

We saw the boys making clothes and shoes, others working as carpenters, tinsmiths and blacksmiths, and a large body of little fellows, dressed as sailors,

¹Frances Power Cobbe, *Life* (London: Constable & Co., 1892), 269-70.

climbed rigging, drilled as soldiers, and practised at great guns. The girls washed, ironed, mangled, cooked, and learned to make clothes and to knit.¹

Female Roles and Education

Most females received limited if any education in England during the first half of the century. For those who attended schools, their curriculum focused primarily on domestic abilities. An 1874 study about the conditions of workhouse schools for girls criticized the institutions for training the young girls so poorly that they turned out to be bad servants.² Employers were not concerned with the students' ability to read or write, only their ability to perform household duties. This was evident in some students who attended the Nightingale Training School for Nurses. Richard Whitfield, an early lecturer, wrote to Florence Nightingale that some nursing students were not educated enough to take lecture notes or keep a diary.³

Few women attended secondary schools. For those who did, the curriculum focused on domestic abilities and social graces. Schools did not emphasize academics, for middle- and upper-class women were expected to be drawing-room ornaments. Overall, society did not think females able to pursue intellectual activities. Middle- and upper-class women who did attend private boarding schools spent most of their time in

¹Lady McNeill to Miss Ferrier, 19 June 1841, in "Memoir of Susan Ferrier," *Englishwoman's Review*, January 1907, 22.

²Isabel Senoit, *Workhouse Schools for Girls Study*, 1874, GLRO.

³Richard Whitfield to Florence Nightingale, 21 September 1863, Nightingale Training School, GLRO.

music, dancing, and learning the proper social graces needed for entertaining. At one of the better boarding schools of that time, Kathleen Chorley wrote that the main aim was to train young women for marriage. The school taught them no science, not even botany or physical geography. She further stated that her education “provided us only with a top-dressing, a sprinkling of soil in which an appreciation of the arts and intellectual matters might flourish without raising any dynamic issues in our minds.”¹

The main argument against equality of educational opportunities was that the feminine mind was inherently inferior and therefore incapable of grasping more than the rudiments of learning. Even in exceptional cases where society conceded native ability, the belief prevailed that the mental and physical strain of hard intellectual work would be damaging to females’ health and to the health of their children. Furthermore, many believed that education would give women false ideas about their place in society. The standards of female attainment were set to ensure women's economic dependency on men. Instead of education, society supported training in the practical household arts, religion, and morality. It is no wonder that a brilliant individual such as Florence Nightingale wrote of the life of a lady as “listless and purposeless.”² The 1851 census report indicated that there were some half million more women than men in England.³

¹Kathleen Chorley, quoted in *Victorian Women* by Joan Perkins (New York: New York University Press, 1993), 35.

²Florence Nightingale, *Cassandra* (unpublished book), BL, 95.

³Perkins, 35.

This increased number of females raised concerns; people questioned whether these potentially unmarried women would find suitable occupation. The only acceptable position for a middle- or upper-class unmarried woman at the time was as a governess, and many governesses were as ignorant as their pupils.¹ Those who had been pushing for better education for females started campaigning in earnest. During this period, societal views began to soften regarding women's education, and new secondary boarding schools and several colleges for women opened. These reformed ideas about women's education prepared the way for the Nightingale Training School for Nurses that would accept its first students in 1860.

In 1870, The Educational Act passed, which was to guarantee basic literacy for all males and females in England. Compulsory, elementary education attendance was a new principle, and it was not until the beginning of the twentieth century that it became a reality. George Trevelyan in his *History of England* wrote of Florence Nightingale's contribution to the education of women. Discussing the Crimean War and the inexcusable loss of life through both medical and military errors, he wrote:

But the 25,000 lives that the country lost in the Crimea saved many more in the years to come. For the real hero of the war was Florence Nightingale, and its most indubitable outcome was modern nursing, both military and civil, and a new conception of the potentiality and place in society of the trained and educated woman.²

¹Ibid., 36.

²George M. Trevelyan, *History of England* (New York: Longmans Green and Company, 1929), 653.

Although Nightingale did not set out to reform military sanitation, caring for and teaching others about health was inherent in her social reform. As a result, the hygiene of the military was much improved.

Florence's Response to the Expected Role

Florence did not confine her interests to reading and study. She wrote frequently of her family's involvement with parties and other social activities. Florence enjoyed social gatherings, but felt there was more to life than being a wife or mother. She wanted to do something that would help others. This need to help others was confirmed in 1837 when Florence received what she spoke of as a *call from God*.

The Call from God

In a private note she wrote, "On February 7th, 1837, God spoke to me and called me to His service."¹ The call was not specific and there was not a clear course of action to take, but Florence knew that she was to do something special for God. Although this was the first call that she received, later in life she wrote, "The [spiritual] thoughts and feelings that I have now I can remember since I was six years old. . . . The first thought I can remember, and the last, was nursing work."²

¹Florence Nightingale, Private note, 7 February 1837, BL.

²Florence Nightingale, *Suggestions for Thought to the Searchers After Truth among the Artizans of England*, vol. 1 (London: Eyre and Spottiswood, 1860), 48. This is a 3-volume series.

Florence was unhappy with her home situation and did not want the life that her mother and sister led. She wanted to bring help and comfort to the suffering world and was becoming more aware that the current life she was living would never fulfill her desires. Florence wrote about daily life as spent “sitting around a table in the drawing room, looking at prints, doing worsted work and reading little books.” Then the afternoon is passed in “taking a little ride” and she stated that when night comes women “suffer—even physically . . . [from] the accumulation of nervous energy, which has had nothing to do during the day, [and] makes them feel . . . as if they were going mad. The vacuity and boredom of this existence are sugared over by false sentiment.”¹ This was not the type of life Florence wanted to lead; she wanted to help others.

It was not because she was a social failure that Nightingale turned from the usual life of a woman of her class. She struggled with her decisions and recorded these struggles in many of her private notes and diaries. A woman's sphere, especially for someone of Florence's social status, was the home, either as a wife or as a daughter. A woman's job was to ensure that the household ran smoothly. The responsibility for the well-being and comfort of the family rested upon the woman, even at the cost of self-sacrifice. Florence was unwilling to make this type of sacrifice for social conformity.

¹Nightingale, *Cassandra*, BL, 96-8.

Views on Marriage

Because of Florence's strong conviction that she was to help others, she did not believe that marriage was for all women. Florence received many marriage proposals that she declined. Her deepest attachment was to Richard Monckton Milnes, later called Lord Houghton. He desperately wanted to marry Florence. She agonized over his final proposal and decided that to accomplish her *call* she could not have both a marriage and a mission, so she began deliberately to detach herself from special relationships, both male and female. She wrote to her cousin, Hilary Bonham Carter, "Love, marriage, even friendship must be renounced."¹ In her autobiographical notes she explained her refusal to marry:

I have an intellectual nature which requires satisfaction, and that would find it in him. I have a passionate nature which requires satisfaction, and that would find it in him. I have a moral, an active nature which requires satisfaction and that would not find it in his life. . . . I could not satisfy this nature by spending a life with him in making society and arranging domestic things. . . . Voluntarily to put it out of my power to be able to seize the chance to forming for myself a true and rich life would seem to me like suicide.²

Marriage was a political and social institution and a personal relationship, and the lack of rights in law and custom clearly defined the role for married women. By law, a wife was subservient to her husband and unable to own her own property or to protect herself from physical abuse. She was also dependent on marriage as her chief means of support. In 1885, Alfred Lord Tennyson illustrated this role in part of his poem "The

¹Florence Nightingale to Hilary Bonham Carter, 14 September 1846, Wellcome.

²Nightingale, *Suggestions*, 1:51-2.

Princess.”

Man for the field, woman for the hearth,
 Man for the sword and for the needle she:
 Man with the head and woman with the heart,
 Man to command and woman to obey.¹

If a daughter did not marry then she was still considered her father's property. Society offered little social support for a daughter who disobeyed her father or for a woman who refused to obey her spouse. Florence's family was no different in the early years, but in 1853 her father agreed to give her a yearly allowance.

The Nightingales' Reaction to Florence's Call

Florence's concern for others was always foremost in her actions, but it was not until 1845 that she realized that her *call from God* (vocation) was to nurse the sick. Although the Nightingales supported public service, this idea mortified them. It was one thing for their daughter to help the indigent, but it was entirely something else for her to do it as a nurse. Many family struggles about Florence's rebellion occurred during this time. Her parents' attitude about nursing was understandable. The nurses were women of ill repute. Hospitals were not places where people wanted to go to when they were sick, for they were wretched and filthy. This atmosphere would not be suitable for their daughter.

¹ Alfred Lord Tennyson, "The Princess," in *Poetical Words of Alfred Lord Tennyson* (London: Cromwell, 1885), 328.

Florence wrote to her cousin Hilary, "Mamma was terrified." The reason was "not the physically revolting parts of a hospital but things about surgeons and nurses which you may guess." Her mother accused her of having an "attachment of which she was ashamed, an affair with some low vulgar surgeon and wept that she [Florence] wanted to disgrace herself."¹ Her father was also furious: "Was it for this that he had educated a charming daughter? Was this to be the end of the Latin and Greek, the poetry and philosophy, the Italian tour, the Paris frocks?"² Hilary had seen Florence's father a few days later at a dinner party and wrote that "all he could talk about was spoiled and ungrateful daughters and forecast the very worst futures for a race at the mercy of the modern girl."³

Health Care in Nineteenth-Century England

Health care in nineteenth-century England reflected the social structure. Sick individuals, who could afford private nurses, received care at home. Those who were poor and required medical care received treatment at the workhouses, the State's attempt at correction and social welfare for paupers. A report from the Poor Law Board in 1865⁴

¹Florence Nightingale to Hilary Bonham Carter, December 1845, BL.

²Nightingale, Private Notes, 1845, BL.

³Hilary Bonham Carter to Florence Nightingale, Wellcome.

⁴Poor-Law Board, House of Commons, 1865, GLRO.

showed that 6,400 individuals were sick on a daily basis in the wards of the London workhouses. Of these, about 50 percent had acute diseases considered incurable.

To care for the sick, forty-one paid nurses cared for thirty-nine workhouses. Nursing was unorganized and many paupers' helpers were elderly, about half of them in their fifties and another quarter more than sixty years of age. Often the healthy paupers had mental problems. This system meant that the sick had practically no care at all. The patients' beds were rarely cleaned; the food served was not nutritious and the kitchens were dirty. Laundered clothing was a rarity. The wards were verminous and unclean in the extreme. Paid nurses received poor compensation. One workhouse listed the salary of the paid nurses as a penny a week. This poor compensation led to pilferage that included clothing, food, and drink. Drunkenness was common. The nurses' daily allotment of a pint of strong porter with one or more glasses of gin, if they had either night duty or disagreeable work, supported inebriation.¹

Life in a London hospital was not much different. In an 1835 *London Gazette* article, Dr. Edward Chatto of St. Bartholomew's Hospital complained of the faulty system of nursing, citing three factors: underpayment of nurses, overwork, and hiring and firing procedures for nurses.² The government did not fiscally support the hospitals as they did the workhouses. Voluntary contributions or endowments provided the monetary support

¹Margaret Goldsmith, *Florence Nightingale* (London: Hoder & Stoughton, 1937), 264-6.

²Edward Chatto, "Nursing," *London Gazette*, 19 October 1835, 3.

for most hospitals. The rules for admission to hospitals in the mid-nineteenth century required letters of recommendation from subscribers. Patients must supply their own lime, tea, and sugar, and pay for their washing. In addition, some patients were required either to pay a sum of money or make burial plans upon entering.

Physical care was also lacking. In 1854, Miss Nightingale wrote:

The nurses did not as a general rule wash patients, they could *never* wash their feet--and it was with difficulty and only in great haste that they could have a drop of water, just to *dab* their hands and face. The beds on which the patients lay were dirty. It was common practice to put a new patient into the same sheets used by the last occupant of the bed, and mattresses were generally of flock sodden and seldom if ever cleaned.¹

Nurses presented another hazard to hospitals. Nurses worked without any training. Many could neither read nor write; they held the lowest rank in society. They were responsible not only to attend the sick, but for household duties as well. These women were usually widows, unwed mothers, or prostitutes. Many night nurses worked as charwomen during the day. Drunkenness was common but drowsiness still more so.

The prevalence of poor nurses was common knowledge, as depicted by Charles Dickens's fictitious drunken nurse, Sairy Gamp, in *Martin Chuzzlewit*. Although labeled fictitious and an attendant to the poor, according to Dickens's son, she was really a person hired by a most distinguished friend of his father's to take charge of an invalid very dear to this friend.²

¹Florence Nightingale to William E. Nightingale, 9 February 1854, Wellcome.

²Henry F. Dickens, *Memories of My Father* (London: Heineman, 1929), 178.

Miss Nightingale wrote about the immorality of hospital nurses. She said, "It was preferred that the nurses should be women who had lost their characters, i.e., should have had one child." In the same letter she said that nurses often slept in the wards they nursed, and occasionally slept in the wards with the men. She continued:

The nurses . . . slept in wooden cages on the landing places outside the doors of the wards, where it was impossible for any woman of character to sleep, where it was impossible for the Night Nurse taking her rest in the day to sleep at all allowing to the noise, there she lived, slept, and frequently cooked her meals.¹

In 1897, when asked to write about hospitals in the 1850s, Florence Nightingale stated: "I have been asked to write an account of Nursing in Hospitals 40 years ago but I have no wish to place on record reminiscences of sad conditions that it can serve no useful purpose to dwell on."²

Florence's Response to Health Needs of Society

It is understandable why Florence's parents did not support her decision to be a nurse. Although they protested, Florence's persistence continued. In many of her private notes she wrote about her discontent and her desire to do God's will. At the age of thirty, while on a trip to Egypt and Rome, she rededicated herself to her calling. Florence wrote, "Today I am 30—the age XT [Christ] began his Mission." She continued, "Now no more

¹Florence Nightingale to Sidney Herbert, 29 May 1854, Wellcome.

²Florence Nightingale, Letter, 1900, BL.

childish things, no more vain things, no more love, no more marriage. Now, Lord, let me only think of thy will, what Thou wilt me to do. O Lord, Thy will, Thy will."¹

While returning home from this trip, Florence visited the Kaiserwerth Institution in Germany. Kaiserwerth was a large hospital, penitentiary, and orphanage established through the efforts of Pastor Theodor Fliedner and his wife, Friedericke. On her arrival Florence wrote:

I c'd hardly believe I was there—with the feeling with which a pilgrim first looks on the Kedron, I saw the Rhine—dearer to me than the Nile. The Fliedners rec'd me kindly. Went over the Institution with Fliedner—returned with —him to dinner. Late the afternoon with her & the Russian in the garden. . . . I felt queer—but the courage which falls into my shoes in a London draw'g room rises on occasion like this. I felt so sure it was God's work.²

Soon after this visit she anonymously published a pamphlet, *The Institution of Kaiserwerth on the Rhine, for the Practical Training of Deaconesses*,³ in which she described the work of the institution and encouraged the women of England to do the same type of work.

Her *call* received considerable attention and discontent within her family. They could not understand her desire to be a nurse. In 1851, they consented to her return to the Kaiserwerth Institution for three months providing she told no one about it. Florence documented her obedience in a letter to her mother:

¹Florence Nightingale, Diary, 12 May 1850, BL.

²Florence Nightingale, Diary, 31 July 1850, BL.

³Cecil Woodham-Smith, *Florence Nightingale* (Edinburgh: Constable, 1950), 159.

I have not mentioned to anyone where I am—and should also be very sorry that the old ladies should know. I have not even told the Bracebridges. With regard however to your fear of what people will say, the people whose opinion you most care about—it has been their earnest wish for years that I should come here. . . . The world here fills my life with interest & strengthens me body & mind. I succeeded directly to an office & am now in another so that till yesterday I never had time even to send my things to the wash. We have ten minutes for each of our meals, of which we have four.¹

The inability of Florence's family to understand her calling caused considerable distress to Florence personally. She wrote extensively of her feelings and beliefs and in 1860 had them published privately as a three-volume, 800-page book entitled *Suggestions for Thought to the Searchers After Truth among the Artizans of England*.

Florence Begins Her Training

Florence Nightingale received her training at Kaiserwerth. Years later she praised the hospital for its moral atmosphere, but said that she received limited training there. She wrote:

But never have I met with a higher tone, a purer devotion there. There was no neglect. It was the more remarkable because many Deaconesses had been only peasants - none were gentlewomen (when I was there). . . . The hospital was certainly the worst part of Kaiserwerth. I took all the training that was to be had—there was none to be had in England, but Kaiserswerth was far from having trained me.²

¹Florence Nightingale to Fanny Nightingale, 16 July 1851, BL.

²Nightingale 1887. Note written on the flyleaf of *The Institution of Kaiserwerth*, 24 September 1887, BL.

Florence spent time in the next two years visiting at the Hospital of the Sisters of Charity in Paris. She also visited many other hospitals and collected data, reports, and statistics on hospital organization and nursing arrangements in Paris and the rest of Europe.

Miss Nightingale Begins Her Nursing Career

In April of 1853, at the age of thirty-three, Florence Nightingale received her first nursing appointment as the Superintendent of the Institution for the Care of Sick Gentlewomen in Distressed Circumstances in London. Her parents objected to this appointment, but her father finally consented and gave her a yearly stipend besides her nominal salary.

After permission to accept the appointment, Florence's spirits seemed to rise and she wrote to her Aunt Hannah:

Our vocation is a difficult one, as you, I am sure, know--& though there are many consolations & very high ones, the disappointments are so numerous that we require all our faith and trust. But that is enough. I have never repented nor looked back, not for one moment. And I begin the New Year with more true feeling of a happy New Year than ever I had in my life.¹

In 1854, William Howard Russell, special correspondent of the London *Times* newspaper wrote an article published on the 13th of October depicting the terrible conditions of the hospitals and care of the soldiers in the Crimea. The English public became outraged at the care their soldiers were receiving and wanted to know why the English had no "Sisters of Charity" (nurses) in the field. On the 15th of October, Sidney

¹Florence Nightingale to Aunt Hannah, 11 January 1854, BL.

Hebert wrote to Florence Nightingale asking her to take out a group of nurses under government sponsorship. Nightingale agreed and was appointed as the Superintendent of the Female Nursing Establishment in the English Military Hospitals in Turkey.¹ This position allowed her to utilize her health beliefs in caring for the wounded soldiers in the Crimea and it changed the future of nursing. Upon return from this position, Florence's writings on health, hospitals, and nurses proliferated. Through the war department, she revolutionized society's beliefs about health and how they could improve it. In her honor, veteran soldiers of the Crimean War and other citizens donated funds to establish the Nightingale Training School for Nurses at St. Thomas' Hospital in London. This school admitted a first class in 1860.

Summary

Health and education, the two primary focuses of Florence Nightingale's life, formed the core values in her religious and social philosophy. Throughout her work, health and education were interrelated because all of her social health reforms were carried forward by educational reforms. This review of the conditions of education, health care, nursing, and the role of women during the nineteenth century provides an understanding of the world which shaped this remarkable reformer.

¹Florence Nightingale, *'I Have Done My Duty': Florence Nightingale in the Crimean War, 1854-1856*, ed. Sue Goldie (Manchester, England: Manchester University, 1987), 18-20.

CHAPTER 3

ENVIRONMENTAL FACTORS SHAPING ELLEN G. WHITE

This chapter discusses the environment into which Ellen G. White was born and raised. The focus is on her external environment with a description of the person she became. More than a century has passed since her birth and eighty-five years since her death. The societal differences between the nineteenth century when Ellen G. White lived and wrote and the present are vast. White was a reformer; therefore, to understand the role that she played in reformation, one needs to understand nineteenth-century societal conditions in the United States.

The decisions that Ellen G. White made regarding her life were bold for the times in which she lived. To say that she was a product of her time is true; but under the same circumstances, few women made the same choices that she did. The world that Ellen G. White lived in differed significantly from that of Florence Nightingale. Although these women lived at the same time, differences existed in the countries within which they lived, the social influences that surrounded their respective families, and influences within the families themselves.

The Second Great Awakening

In the United States, religion constituted a major force beginning with the 1620 arrival of the Puritans in Massachusetts. From the outset, the Puritans believed that through pursuit of their religious ideals they could have a society that would be an example to others. They believed that their example could demonstrate that God would bless His people if they were faithful to Him and kept His laws. Religious and political leaders envisioned the United States as a redeemer nation. This concept, along with historical events occurring in the late seventeen hundreds (the great Lisbon earthquake and the French Revolution), led many back to their Bibles. They diligently searched the Scriptures for texts that prophesied the end of the world, believing that it would occur soon. However, counterforces were also at work. In May 1798, the General Assembly of the Presbyterian Church issued a pastoral letter describing movements, such as deism, in Europe that were threatening morals and religion; and they feared that their parishioners would follow these new ideas and destroy religion. Leonard Bacon, a nineteenth-century religious historian, defined the two decades following the American Revolution as “one period of the lowest ebbtide of vitality in the history of American Christianity.”¹

The religious leaders challenged this indifference, with the result that from one side of the United States to the other, in all Protestant denominations, evangelical Christianity appeared during the opening years of the nineteenth century. This revival,

¹Leonard Bacon, *A History of American Christianity* (New York: Backus & Whiting, 1897), 299.

commonly called the Second Great Awakening, rejuvenated Christianity and played an important role in the religious life of Ellen G. White and her family. The awakening was not the same in all sections of the country. Varying in intensity within different social, economic, and religious environments, it nonetheless followed a general pattern. First, revivalist and missionary activities occurred; then Bible, literature, and educational societies formed, followed by moral reforms and humanitarian efforts.¹

Revivalism started in the West and moved eastward. The revival zest of this movement along with the religious freedom principle of the United States encouraged the growth of newer denominations, such as the Baptists and Methodists, in addition to the colonial churches primarily made up of Episcopalians, Presbyterians, and Congregationalists.² Revival meetings and camp meetings flourished and church societies materialized, promoting a major effort to evangelize the nation. In rural areas, Baptists and Methodists found the use of lay preachers or class leaders effective. As a result they experienced tremendous growth in their denominations. Because most of them lived and worked under the same conditions, the lay preachers not only understood the community but also understood the parishioners.³

¹Charley Roy Keller, *The Second Great Awakening in Connecticut* (New Haven, CT: Yale University Press, 1942), 1-3.

²Alan Taylor, *Liberty Men and Great Proprietors: The Revolutionary Settlement on the Maine Frontier* (Chapel Hill, NC: University of North Carolina Press, 1996), 107.

³Winthrop Hudson, "A Time of Religious Ferment," in *The Rise of Adventism*, ed. Edwin Gaustad (New York: Harper and Row Publishers, 1974), 2-3.

Revivalism, in addition to promoting reform and belief in an imminent Second Coming, also contributed to the idea of Christian perfectionism. Charles Finney, a Presbyterian minister who became a key figure in revivalism, preached perfectionism in the 1830s. He believed that humans could, with God's help, gain greater control over their selfish impulses until they reached the point where Adam was before sin. This state would constitute perfect holiness.¹ Perfection would then move from the individual to society as true Christians prepared the earth for the coming millennium, with an earth that would be peaceful with virtually no sin for one thousand years before Jesus returned.

Charles Finney held revivals in upstate New York. His later work in the urban areas changed the religious experience of many in large cities. Now instead of basing religion only on the minister's oration each week, they also based it on their passion to better themselves. Winthrop Hudson refers to Finney as the most prominent and influential representative of the "common man's" religion.² George Knight calls him the Billy Graham of his day.³

Finney's concept of perfectionism, or holiness as others described it, was one of the nineteenth century's most persistent and socially significant religious themes.

Timothy Smith wrote, "The hunger for holiness lay near the heart of every movement

¹William G. McLoughlin, "Revivalism," in *Rise of Adventism*, 105.

²Ibid., 3.

³George Knight, *Ellen White's World* (Hagerstown, MD: Review & Herald Publishing Association, 1998), 21.

concerned with developing a more meaningful Christianity.”¹ To Finney, perfection meant perfect trust and consecration. It was the experience of the fullness of the love of Christ, not freedom from troublesome physical and mental appetites or from error and prejudice.² Smith believed that the enthusiasm for Christian perfection was evangelical Protestantism’s answer to the moral strivings of the age. Not only were individuals to help themselves become more holy or perfect, but they were to help others as well. This support for social reforms, along with the doctrine of Christ’s imminent return, fueled further development of the reforms.

The religious revivalism and perfectionist or holiness concept created one of the greatest ages of reform enthusiasm that ever occurred in the United States. William McLoughlin, Professor of History at Brown University, writes,

True progress for the nation and fidelity to its Christian ideas necessitated social and moral reform activity by as many converted Christians as possible. Insofar as revivals produced new converts, they produced new recruits for the army of reformers who were seeking to eradicate every last vestige of sin and corruption from American society. If America was God’s chosen nation, it must live according to his commandments and make way for his kingdom on earth.³

¹Timothy Smith, *Revivalism and Social Reform in the Mid-Nineteenth-Century America* (New York: Abingdon Press, 1957), 103.

²Charles Finney, *Memoirs* (New York: Ingersoll, 1876), 349-51.

³McLoughlin, “Revivalism,” 145.

Revivalism, societies, and missions not only increased church membership in the various denominations, but they also increased the spirituality of the public.¹ Some cities prevented traffic during church services by chaining off the streets. The most devout believers kept the Sabbath day holy by not cooking food and spending the time only in meditation and prayer.² Alfred L. Miller, a journalist who owned the *Battle Creek Enquirer* newspaper in Battle Creek, Michigan, wrote in his journal about the emphasis on the religious nature of his family. "The Sabbath was a serious institution in our rock ridden [*sic*] Presbyterian home," he stated. "In fact, all functions of religion and all their manifold extensions into the affairs of everyday life were serious. Our family, as the others in our community, were bound by religion."³ Religious societies abounded and actively distributed tracts to further the religious revival in the United States.

The wide distribution of pamphlets, tracts, and periodicals rapidly advanced the work of the religious reformers. This method was used by William Miller, a prominent revivalist, who preached the imminent second coming of Jesus. He had a profound influence on the religious experience of many, including Ellen G. White.

¹On revivalism and religion in the United States, see Winthrop Hudson, *Religion in America*, 3^d ed. (New York: Charles Scribners Sons, 1981); and Smith, *Revivalism and Social Reform*.

²Nathaniel Hawthorne, *Passages from the Note-books of Nathaniel Hawthorne* (Boston: Houghton Mifflin, 1868), 171.

³Alfred L. Miller, "Journal," 24 September 1875, Miller Foundation, Battle Creek, MI.

William Miller

William Miller was involved with the revival related to the second coming of Jesus. Miller was born in 1782, the eldest of sixteen children. His mother raised him in a Christian atmosphere, but in his teen years he became a deist. Upon conversion from deism in 1816, a friend harassed him about having blind faith in the Bible. This bothered Miller and he began a scripture-by-scripture search of scriptures using only a concordance and his Bible, which he believed should be its own interpreter. This diligent search, lasting for more than seven years, convinced Miller that all scripture came from the inspiration of God and that the chronology of the Bible was important. With his diligent searching, he believed that he had uncovered prophecies in the book of Daniel foretelling the time of Christ's return to earth.¹

Miller's beliefs regarding the millennium differed from those of other religious leaders of the time. Many believed that the millennium meant that the world would be at peace and that sin and death would virtually cease for one thousand years before Christ came,² while Miller's interpretation refuted a temporal millennium. He believed that Christ's return was both pre-millennial and imminent.³ In 1831, Elder Isaac Fuller, the

¹Everett Dick, *William Miller and the Advent Crisis*, ed. and with an introduction by Gary Land (Berrien Springs, MI: Andrews University Press, 1994), 1-8.

²Francis Nichols, *The Midnight Cry* (Takoma Park, MD: Review and Herald Publishing Association, 1944), 154-60.

³Dick, 7.

Baptist minister of Poultney, Vermont, invited him to his church to tell others about his beliefs and interpretations.¹ From 1831-1849 Miller preached in many different churches and denominations throughout New York, New Jersey, Ohio, and New England. It was at one of his revival meetings in Portland, Maine, that Ellen G. White first became acquainted with him.² Although his belief in Christ's pre-millennial return separated Miller from most revivalists, the majority of his theological views and methods harmonized with the Christian orthodoxy of his time. His preaching, as well as that of other revivalists, made many think about the second coming of Christ, whether pre- or post-millennial.

Nineteenth-Century Education in the United States

A major factor contributing to the success of the revivalists was the concurrent reform in education. For centuries, individuals had relied primarily on the clergy to read and interpret scripture for them. Many were illiterate. Even after the Reformation, when the scriptures were made available in the language of the people, the high rates of illiteracy kept many from benefitting from personal reading of the Bible and religious literature.

In the nineteenth century, some viewed education as an institution that could change the lives of many and thus improve the social condition of the nation. One of the

¹Ibid., 9.

²White, *Life Sketches*, 20, 26.

greatest reformers of the mid-1800s was Horace Mann, who believed that education should be available to all individuals, thus helping to prevent divisive social classes. This optimistic view provided a mainspring for educational revival. It received political support; if men had the right to vote, then they should be literate.¹ To understand why educational reform was necessary, one must first understand education in the nineteenth century, however.

At the beginning of the century most individuals made a living from farming. But as industrialization increased and the population grew, many believed that their children needed a more formal education, believing that education could better both individual lives and society.²

Prior to the Civil War, 90 percent of all Americans lived in rural areas and the children attended district schools³ as had the Harmon children before moving to Portland. “District school” was a generic term used to describe the one-room rural or village neighborhood school that was common in the eighteenth and early nineteenth centuries. A district was a legal entity for school purposes only, a subdivision of a town or township, usually limited by the distance children could be expected to walk to school.

The district

¹Robert L. Church and Mark W. Sedlak, *Education in the United States* (New York: Free Press, 1976), 55.

²Samuel G. Williams, *The History of Modern Education* (Syracuse, NY: C. W. Burden, 1892), 390.

³*Ibid.*, 184.

had responsibility and control over the school.¹ In Maine, the state law required each town with at least fifty families to maintain an elementary school.²

The district school's goal was to teach basic literacy: reading, writing, and arithmetic. The teachers often intertwined religion with these subjects. Reading of the Bible occurred regularly, and in some schools the students had a list of virtues—such as faith, resignation, repentance, industry, and charity—which they checked daily to see if they had achieved them.³ Traditional instruction stressed memorization, which included the alphabet, lists of spelling words, rules of grammar, parts of speech, names of rivers and capitals, and arithmetic.⁴ For many teachers, their first job was to keep discipline in the schoolroom. This is understandable, for often they taught more than thirty students of varying ages and learning abilities in the same room. The use of physical discipline, from the swat with a ruler to the use of the birch rod, was a common occurrence.⁵

Before 1839, very little professional training for teachers occurred, although Samuel R. Hall established the first private teacher training (normal) school in Concord, Vermont, in 1823. He found teachers ill prepared and stated in his pedagogical manual:

¹Ibid., 97-9.

²A. E. Winship, *Great American Educators* (New York: American Book Co., 1900), 231.

³“Education,” *Quarterly Register and Journal of The American Education Society* (May 1832): 272.

⁴John Gill, *Systems of Education* (Boston: D.C. Heath & Co., 1889), 202.

⁵Ibid., 199-201.

"It is well known that many who are employed to teach our primary schools, are deficient in almost every necessary qualification."² The greatest stride toward better-trained teachers came with the 1839 establishment of the first public normal school in Lexington, Massachusetts. Probably Ellen White's teachers had limited, if any, pedagogical training. Attendance at an academy or college was all the preparation that most teachers received before the Civil War. A typical district teacher was an academy or college student on vacation, or a graduate of one of these institutions awaiting opportunity for a permanent job in another profession. During this time, institutions of higher learning had a three-month winter vacation so that their students could earn money by teaching in district schools.³

More barriers hampered efficient learning in the district school, however, than poorly trained teachers. Physical conditions for teaching were very poor. In the typical one-room school, children of all grades sat together. The construction of many school buildings was inferior. Most had only a single wood-burning stove or fireplace to provide heat; one end of the school was always too hot and the other too cold. One major concern of the common school movement in the 1830s was the proper construction and

²Samuel R. Hall, *Hall's Lectures on School-Keeping* (Hanover, NH: Dartmouth Press, 1929), 3.

³Clifton Johnson, *Old Time Schools and School Books* (New York: Macmillan Co, 1904), 119.

ventilation of school buildings. The city school was only slightly better than the country one.¹

Pedagogical tools were equally deficient. Textbooks were primitive and not standardized even within a single school. In many schools, children learned from whatever book their family might have. Since paper was expensive and scarce, writing exercises were kept to a minimum. Unlined paper, ink, and homemade quill pens were the common writing tools used. Blackboards, maps, charts, and pictures were rare novelties.²

Education for the typical student began and ended with the elementary school. For every one hundred students attending primary school in 1840, ten were in secondary and one in college.³ Upon completion of primary or elementary school, a student could attend either a grammar school, an academy, or a high school. The educational period from 1810 to 1840 has often been referred to as the “Age of the Academy” because hundreds of these private institutions sprang up all over the United States with

¹Winship, *Great American Educators*, 229.

²Richard Boone, *Education in the United States* (New York: D. Appleton and Company, 1889), 66-8.

³Paul Monroe, *Founding of the American Public School System: A History of Education in the United States from the Early Settlements to the Close of the Civil War* (New York: Macmillan, 1940), 234.

enrollments of more than 1,000,000 students in 6,000 academies by 1859.¹ The curriculum requirements varied with each school.

Academies and high schools leaned toward the classical curriculum, with Latin and Greek classical literature and ancient history consuming a large portion of the curriculum. By mid-century, the English course curriculum became more popular. The heart of the new English course was the study of English grammar and literature. English poets such as Milton, Pope, and Cowper replaced the classical authors such as Caesar, Cicero, and Virgil. The schools commonly included American textbooks that stressed patriotism.²

Admission requirements varied with each institution. At Phillips Exeter Academy in New Hampshire, candidates for admission were required to be "at least 12 years of age, well versed in reading and spelling, fairly acquainted with Arithmetick [*sic*] through simple Proportion with the exceptions of Fractions, with Murray's English Grammar through syntax, and must be able to parse simple English sentences."³ In Portland, Maine, the English Public High School for Young Men required an examination conducted by the Portland School Committee before entrance. The board of officials .

¹Boone, 70-3.

²Harry Good, *A History of American Education* (New York: Macmillan, 1956), 239-240.

³*The English Course* (Exeter, NH: Phillips Exeter Academy, 1818), quoted in L. M. Croise, *The Phillips Exeter Academy: A History* (Exeter, NH: Exeter Academy, 1924), 292.

made all the policies regarding admissions, curriculum, and teacher selection.¹ Curricula of most English high schools consisted of arithmetic, algebra, geometry, geography, reading, grammar and declamation, rhetoric and composition, general history and history of the United States, philosophy, natural theology, forensics, navigation, surveying, and evidence of Christianity.² During this time public high schools were still in their infancy. They were more conservative than the academies and had less appeal. However, they were free and offered youths unable to afford the private academy an opportunity to continue their education and perhaps go on to college.³

Female Education

Many in the United States favored only elementary education for females. The Public School Society of New York discussed the need of education for young women in an 1837 tract called "The Public Schools, Public Blessing":

Let us now consider a little the case of the girls. In whatever way they may wish to get their living as they grow older, —they will certainly lose many, very many advantages by not having had good schooling. Everybody loves to be treated well, and to be respected by others. And the young woman who has gone to one of our Public Schools for a few years, and been attentive to her studies; and acquired habits of industry, neatness, punctuality and order; will be sure of having good treatment and respect, whatever her situation may be. She will *be sought*

¹George R. Knight, "The Transformation of Education," in *The World of Ellen G. White*, ed. Gary Land (Washington, DC: Review and Herald Publishing Association, 1987), 160-175.

²Robert F. Butts and Lawrence A. Cremin, *A History of Education in American Culture* (New York, NY: Henry Holt, 1953), 279.

³Good, 239-240.

after; and will always find useful and profitable employment. . . .Now an ignorant girl, or young woman in this land of intelligence and of schools, who cannot even read and write will never be thus treated and respected. It will be very difficult, if not impossible, for her to rise above some of *the lowest stations*. From the advantages and exceptions which I have been describing, she must be forever cut off. . . .Think, what you[r] daughters must *lose*, if by your neglect in not sending them to school, they should be deprived of the prospects which I have mentioned. . . . The fact is, young men are getting more and more education *themselves*, and will feel more and more the need of it in their *wives*. And if you let your daughters grow up without giving them suitable instruction at school, *they will stand a poor chance of getting husbands that are at all worth having*.¹

The United States viewed higher education for women more positively than did England, but it remained a point of controversy. In writing about the education of females, F. V. N. Painter, in his book *A History of Education*, wrote that many contested education for females for the following reasons: “that it [education] does not give them [females] a training suited to their destiny in life; that it [education] develops a strong-minded type of womanhood; that it [education] lowers the grade of scholarship and that it leads to personal attachments and matrimonial engagements; and lastly it gives rise to scandals.”² Others viewed advanced education for women as a way station between elementary school and matrimony.

In most academies and colleges, the curriculum for women included subjects thought likely to improve their performance as homemakers, mothers, and elementary

¹Public School Society of New York, “The Public Schools, Public Blessing” (1837), 5-14, in *American Writing on Popular Education: The Nineteenth Century*, ed. Ruth Welter (Indianapolis: Bobbs-Merrill, 1971), 62-65.

²F. V. N. Painter, *A History of Education* (New York: D. Appleton & Co., 1886), 323.

school teachers. Their work emphasized English grammar rather than the classics and higher mathematics. Simple arithmetic, geography, the other elementary school subjects, and work in the household arts, such as sewing or embroidery, rounded out the English course for women. Oratory and elocution classes for women were frequently deleted because it was not considered proper for women to speak in public. Segregation of women occurred socially and in the classroom of coeducational schools.¹

Although many people supported equal elementary education for males and females, they looked skeptically at teaching women the same subjects as men in higher education. A common belief prevailed that women are "human beings under a weaker structure, and in particular form" and that "exposing them to the classics and mathematics would undermine their bodily and mental health, and produce the very objectionable '*learned female*'."² Anna Jameson, in her book *Characteristics of Women*, wrote that "the intellect of woman bears the same relation to that of man as her physical organization; it is inferior in power, and different in kind."³

Woman's place in society correlated with her physical stature and presumed abilities. She was smaller and weaker, although men sometimes forgot this fact when hiring laundresses and scrub women. She was subject to special ills, including pregnancy

¹Boone, 68-70.

²"Education for Girls," *The New England Magazine*, October 1832, 280.

³Anna Jameson, *Characteristics of Women* (New York: Saunders and Otley, 1837), 39.

and parturition, which occupied most of a married woman's time. Whether single or married, the woman also had home duties. Many individuals in the United States, as in England, viewed women as inferior to men.

For men, attendance at an academy or college was more acceptable. For the most part, education at these mostly private institutions was reserved for the wealthy. The college atmosphere varied from schools like Harvard, which boasted of having a library of more than 50,000 books, to those whose library could fit in a wheelbarrow. As in other levels of schools, pedagogical tools were also limited. In some colleges one might find a laboratory for science classes and a few blackboards; but in most schools these basics were not present.¹

Although a variety of curriculums existed, most college administrators believed that their "highest mission was to educate young men of promising talents and hopeful piety . . . with the sole view to the Christian ministry." ² Nearly every college president and professor was a minister, while many colleges boasted that most of their graduates were in the profession, which invalidated the need for advanced education for females.

Health and Temperance Societies

While religion flourished in the United States due to the Great Awakening, simultaneously a proliferation of health interest and temperance societies occurred. The

¹Boone, 304.

²"College Education," *Western Christian Advocate*, 2 May 1834, 2.

temperance movement, among other reforms, had strong health and religious undertones and addressed the evils of alcohol consumption. Alcohol abuse cut across all social classes, regardless of age, gender, and race. Boston scholar George Ticknor wrote to Thomas Jefferson in 1821: "If the consumption of spiritous liquors should increase for 30 years to come at the rate it has for 30 years back we should be hardly better than a nation of sots."¹ Lyman Beecher, a minister and early temperance leader, interlaced religion and temperance and believed that "drunkenness is a sin which excludes from heaven."²

Temperance societies, with varying degrees of strictness, mushroomed. By 1835 more than 8,000 temperance societies existed, and by 1837 most of these societies called for total abstinence from alcohol. Dissension occurred between Protestants and Catholics regarding this trend toward prohibition. Protestants saw it as vital to the nation's welfare, whereas the Catholics did not agree. Maine was the first state officially to embrace total abstinence when a bill forbidding wholesalers and retailers to manufacture liquor and sell it as a beverage became law in 1851. This law did allow bonded agents in cities to sell liquor for "medicinal and mechanical purposes."³

¹George Ticknor to Thomas Jefferson, 1821, quoted in Jerome L. Clark, "The Crusade Against Alcohol," in *The World of Ellen G. White*, 131.

²Lyman Beecher, *Six Sermons on the Nature, Occasions, Signs, Evil, and Remedy of Intemperance* (Boston: T. R. Marvin, 1827), 81.

³Clark, "The Crusade Against Alcohol," 134-5.

Health and Medical Care in Nineteenth-Century America

Health was a major area addressed in social reform. During the early to mid-nineteenth century, individuals believed that they had no control over their health. Reformers believed, on the contrary, that they needed to create heaven on earth. Therefore, people on earth needed to be healthy, and medical and scientific advances should be used toward that end. Exactly what health was remained a matter for widely diverse hypotheses. Many believed that illness and suffering were divinely inflicted because of sin. Still, new ideas surfaced. Horace Mann believed that breaking the physical laws of God caused disease.¹ Others held fast to the belief that the sick were afflicted with too much blood (an idea put forth by Benjamin Rush, considered the dean of American physicians), and they continued to promote massive bloodletting for every disease or problem. The germ theory was still in its infancy.²

In 1830, the life expectancy at birth for both males and females was about thirty-five years. Half the deaths were of those younger than twenty, and one in five was from a lung ailment. Maintaining health was a major problem, because during this time physicians and patients shared a common ignorance of the principles of health.

¹Horace Mann, "The Study of Physiology in the Schools," Educational Annual Report for 1842, in *Life and Works of Horace Mann*, vol. 3, ed. Mary Tyler Mann (Boston: Horace B. Fuller, 1868), 227.

²H. B. Shafer, *American Medical Profession, 1783-1850* (New York: Columbia University Press, 1936), 102-115.

Most physician education occurred by the apprentice method. The apprentice physicians worked with (and for) an older practicing physician; they swept floors, rolled pills, read a few books, and watched their mentor practice. Some attended a few medical lectures, but usually without seeing a dissection or a real patient; some studied in medical schools abroad. The average doctor started practicing at the age of nineteen or twenty. Some states had licensing boards, but examinations were cursory. Overall, anyone who wanted to practice medicine merely hung out his shingle.¹

Physicians had little prestige, primarily because of their own inadequacies. The state of American medicine was evident to anyone who glanced at the death lists, which frequently identified the cause as unknown; other reasons given for death included fever, inflammation, drinking cold water, pain in the hip, fits, and sudden death.²

Patients usually received treatment at home and not in hospitals. People avoided hospitals because they were obvious breeding grounds for disease. Even the most elementary sanitary measures such as changing bed linen were uncommon. Hospitals in the United States, as in England, began as almshouses and infirmaries for criminals. In 1816, Bellevue Hospital in New York City housed 1,600 to 2,000 paupers and among them were more than 200 who were ill. Many epidemics arose from unsanitary conditions and overcrowding. In 1832 a physician, Dr. Wood, complained that "there

¹Martin Kaufman, "American Medical Education," in *The Education of American Physicians*, ed. Ronald L. Numbers (Los Angeles: University of California Press, 1980), 13.

²Shafer, 19.

was a frightful epidemic of cholera, and the dead lay so thick on the floors that the physicians had to step over their bodies in making rounds."¹ The report continued:

In 1837 the conditions in general were such as to shock even the aldermen themselves, and a committee of investigation was appointed. . . . The committee reported filth, no ventilation, no clothing, patients with high fever lying naked in bed with only coarse blankets to cover them, wards overcrowded, jail fever rife, no supplies, putrefaction and vermin.²

This was a time of great ignorance regarding illness and public health. Medical science in the 1850s had yet contributed little to medical practice. Few scientific procedures or instruments of precision were available to aid in diagnosis. The stethoscope was still novel and the clinical thermometer had not been invented. Because limited diagnostic tests were available, physicians relied heavily on their senses. They diagnosed according to what they saw, felt, heard, or smelled. Physicians recognized few correlations between specific diseases and cures. Most believed that recovery followed nature-ordained pathways. Many physicians viewed the symptoms observed, such as diarrhea, vomiting, and sweating, as indicators of recovery. Few physicians understood the relationship between disease, viruses, and bacteria. The use of antibiotics did not occur until the twentieth century.³

¹Dr. Wood, 1832, quoted in Robert Carlisle, *An Account of Bellevue Hospital, New York* (New York: Society of Alumni of Bellevue, 1893), 37.

²*Ibid.*, 39.

³David Cowen, "Materia Medica and Pharmacology," in *The Education of American Physicians*, ed. Ronald Numbers (Los Angeles, CA: The University of California, 1980), 112, 114.

Sick Americans rarely consulted doctors. Each family had its own favorite remedies and many felt that they were superior to those prescribed by the doctor. The distrust of physicians related in part to the common cure-alls they used, including calomel, alcohol-based remedies, quinine, opium, nightshade, henbane, and bleeding. Control over the production of medications and remedies was unknown and medications were readily available to anyone without prescription.¹

During this time, cure-alls or nostrums were common and easy to obtain. Individuals could purchase many of them at the local drug and grocery store, while others bought them from peddlers with a ready cure for each ailment. Cures included "Hostetter's Celebrated Stomach Bitters" for indigestion, "Ayer's Sarsaparilla" for chronic fatigue, "Barker's Liniment" for aching muscles, "Egyptian Regulator Tea" for flat-chested girls, and "Dr. King's New Discovery" for consumption. Dr. King's nostrum for consumption contained chloroform and opium that quieted the consumptive's cough and raised the spirits of the sufferer for a short time, but did not kill the tubercle bacillus. The makers of these cure-alls not only sold their medicine but often gave away a yearly health almanac. For many rural families, these free almanacs were the only new book of the year.²

¹Gunter B. Risse, Ronald L. Numbers, and Judith W. Leavitt, eds., *Medicine Without Doctors: Home Health Care in American History* (New York: Science History Publications, 1977), iii.

²James H. Young, *The Millionaires: A Social History of Patent Medicines in America Before Federal Regulation* (Princeton, NJ: Princeton University Press, 1961), 45.

The public used these cure-alls for common ailments and diseases, including malaria (ague), dysentery, typhoid, heart problems, and consumption. Physicians did prescribe medications used today, such as crude forms of digitalis and quinine. Nevertheless, they did not readily understand how they worked, only that they did. Although knowledge was limited, scientific experimentation flourished and many medical advances occurred, including anesthesia and the conception of the germ theory. Still, not all physicians understood or used the new knowledge and techniques. It was not until the late nineteenth century that these discoveries had major influence on the nation as a whole.¹

The lack of a scientific approach in diagnosis and treatment spurred the crusade for health reform and called for changes in a multitude of areas. Many medical sects emerged. They included faith healers, eclectics, physiol-medicals, animal magnetizers, phrenomagnetizers, "rubbers," hydropaths, and Thomsonians.²

The Role of Women in Caring for the Sick

The position of women in caring for the sick began to change as hospitals reformed. The duties of the nurse in the United States differed little from those in England. Many women worked as a hospital nurse only when no other job could be

¹Ibid., 108.

²Patricia Branca, ed., *The Medicine Show: Patients, Physicians, and the Perplexities of the Health Revolution in Modern Society* (New York: Science History Publication, 1977), 144.

found. No training was required. Hospital nursing drew from a wider range of women than home nursing because the hospitals were willing to hire almost anyone who would take the job, often making it difficult to distinguish the nurse from the patient. In public institutions, the use of inmates from the almshouses as nurses was common. An advertisement in the *Boston Evening Transcript*, June 1874, read: "Wanted, a nurse at Boston Lying-In Hospital, 24 McLean Street. Experience not required. Age between 20 and 35."¹

The nurses who worked in homes rarely received any training either. Louisa May Alcott hired a nurse for her father and complained, "Much trouble with nurses; have no idea of health; won't walk, sit over the fire and drink tea three times a day; ought to be intelligent, hearty set of women. Could do better myself; have to fill up all the deficiencies and do double duty."²

Ellen's Family and Early Life

It was during these years of social and religious reform that Ellen G. White was born. To understand her role as a prophet of God, a reformer, and a woman who influenced health, educational, and religious beliefs in the Seventh-day Adventist church, it is important to understand how the reforms influenced her life and writings. This

¹Eliza Higgins, "Matron's Journals," vol. 1, 1 June 1874, quoted in Susan Reverby, ed., *Ordered to Care* (London: Cambridge Press, 1987), 27.

²Louisa M. Alcott, "Life, Letters & Journals," quoted in *Ordered to Care*, 15.

section will provide a short synopsis of her life, interweaving the religious beliefs and social reforms that impacted her life.

Ellen and her twin sister Elizabeth were born in Gorham, Maine, on November 26, 1827, the last of eight children born into the Harmon family. Caroline, the oldest child, was fifteen when Ellen and Elizabeth were born, Harriet was thirteen, John was eleven, Mary was six, Sarah was five, and Robert was two years old. Their parents, Robert and Eunice, farmed in Gorham until Ellen was about four years old. At that time, the family moved to Portland where Robert opened a business as a hatter. Although the Harmon family did not live an opulent lifestyle as did the Nightingales, Robert was a hard worker and provided the necessities for his family. When Ellen's health allowed, she worked in her father's hatter business.¹

Education

Ellen and her siblings received their formal education in the public school system. At the time of Ellen's education, Portland had a free school program for individuals between the ages of four and twenty-one² which began with coeducational primary schools, taught mainly by women. The curriculum emphasized reading, spelling,

¹Arthur L. White, *Ellen G. White: The Early Years, 1827-1862* (Washington, DC: Review & Herald Publishing Association, 1985), 18.

²Frederick Hoyt, "Ellen's White Hometown: Portland, Maine, 1827-1846," in *The World of Ellen G. White*, 14-15, 30, 31.

penmanship, and arithmetic.¹ Ellen and her twin, Elizabeth, attended the Brackett Street School in Portland. According to Arthur White, her grandson, Ellen loved school and had great ambitions to obtain a good education and make something of herself. The textbooks that she used were Samuel Worcester's three books of reading and spelling.

The teacher frequently called upon Ellen to read to the younger ones in the primary room,² using the "monitorial" method of teaching. In this approach, one teacher typically instructed several older students who, in turn, taught a group of younger students in the one-room school, thus providing education to larger numbers of pupils at a minimal cost.³ Although not specifically stated, it appears to have been a monitorial school that Ellen attended. She often read to the younger ones, and after a serious accident, wrote about this method of teaching:

My health was so poor that I could attend school but little. It was almost impossible for me to study, and retain what I learned. The same girl who was the cause of my misfortune, was appointed by our teacher as a monitor to assist me in writing, and to aid me in getting my lessons.⁴

Ellen herself had hoped for more education than she received; but when hit in the face with a stone by a classmate at age nine, her formal education virtually ended. She attempted several times to return to school but was physically unable. Ellen wrote:

¹Harry Good and James Teller, *A History of Western Education* (New York: Macmillan, 1969), 462-3.

²Arthur White, *The Early Years*, 25.

³Gill, 165.

⁴Ellen G. White, *Spiritual Gifts*, vol. 2 (Battle Creek, MI: Steam Press, 1864), 11.

My nervous system was prostrated, and my hand trembled so that I made but little progress in writing, and could get no farther than the simple copies in coarse hand. As I endeavored to bend my mind to my studies, the letters in the page would run together, great drops of perspiration would stand upon my brow, and a faintness and dizziness would seize me.¹

Her last attempt at formal education came when she was twelve years old. She attended a female seminary in Portland, but was unable to cope physically. "It was the hardest struggle of my young life to yield to my feebleness and decide that I must leave my studies and give up the hope of gaining an education," she wrote.² Although Ellen was unable to continue with her studies, she desired more education. At home, her mother provided time for her to learn practical lessons and spend time in nature and religious activities. She became a zealous Bible student and believed that God had a purpose for her life. Ellen had an innate desire for knowledge. She was an avid reader of religious journals and by the time of her death had accumulated more than eight hundred books in her personal library.³

Religious Background

Religion played a prominent role in the life of Ellen G. White. From an early age, she had a strong desire to know God personally. Her family were devout members of the Methodist Episcopal Church in Portland where her father held a prominent position for

¹White, *Life Sketches*, 19.

²Ellen G. White, *Testimonies for the Church*, vol. 1 (Battle Creek, MI: Steam Press, 1855), 13.

³Douglass, 73.

forty years.¹ The family attended class meetings held in private homes and went to camp meetings besides regular church services. In 1840, William Miller conducted meetings in Portland. These types of meetings were familiar, because many revivalists came to town sharing their beliefs. Ellen wrote about this spiritual revival in Portland:

Special meetings were appointed where sinners might have an opportunity to seek their Savior and prepare for the fearful events soon to take place. Terror and conviction spread through the entire city. Prayer meetings were established, and there was a general awakening among the various denominations; for they all felt more or less the influence that proceeded from the teaching of the near coming of Christ.²

Miller discussed biblical prophecies and the soon coming of Jesus, making a deep impression on Ellen. She wrote: "I had been taught that a temporal millennium would take place prior to the coming of Christ in the clouds of heaven; but now I was listening to the startling announcement that Christ was coming in 1843."³ This concept impacted her religious beliefs and eventually led to her expulsion from the Methodist Episcopal Church.

Miller returned in 1842 for a second series of meetings, which Ellen also attended, when he discussed the second coming of Jesus, justification, sanctification, and the plan of salvation.⁴ At this time, Miller asserted that the second coming of Christ would occur

¹White, *Life Sketches*, 17.

²Ibid., 22.

³Ibid., 21.

⁴Ibid., 20-30.

between March 21, 1843, and March 21, 1844. These dates were based upon the prophecy of Dan 8:14, which Miller interpreted in terms of the Jewish calendar and historical events that had already occurred.¹ Miller did not intend to start a new denomination, but rather to share his beliefs with all of the denominations which he hoped would enthusiastically receive him because his teachings were scripturally based. Although some believed that he was trying to form a new sect and rejected his teachings, many accepted and the religious excitement escalated.

In the mid-1830s, the Millerite movement was small and regarded as harmless by most traditional clergy, especially as William Miller urged his listeners to remain with their own churches. Prominent ministers, such as Joshua V. Himes,² accepted his beliefs and urged Miller to shift from preaching to small rural congregations to preaching in cities so that he could reach more people. Himes organized Miller's preaching schedule; the movement grew, and by 1844 it had gained a following of about 50,000 individuals.³ As the movement progressed, the traditional clergy opposed Miller's teachings.

The clergy at the Methodist Episcopal church where Ellen and her family worshiped were no different. At a class meeting in 1843, this opposition became evident. When called upon to give a testimony, Ellen spoke of her belief that Jesus' coming would

¹Dick, 96.

²Joshua V. Himes was a minister of the Christian Connection and organized the second Christian Church of Boston.

³Paul Gordon, *Herald of the Midnight Cry* (Boise, ID: Pacific Press Publishing Association, 1990), 89.

be pre-millennial. Her listeners did not agree, believing instead that before the coming of Jesus there would be a temporal millennium and that Ellen was a heretic to think otherwise. She, with her brother Robert, knew that they could no longer belong to the Methodist faith. "It was evident that we could have no freedom in the class meeting," she wrote, "for our testimony provoked sneers and taunts that reached our ears at the close of the meeting, from brethren and sisters whom we had respected and loved."¹ Ellen believed that the purpose of her family being removed from the church roster, in September 1843, was to frighten others. She wrote, "Many believed, but dared not confess their faith, lest they should be turned out of the synagogue."²

Ellen's belief in the soon coming of Jesus impelled her to inform others about this forthcoming event. Although she was timid and sickly, she could do this through the distribution of tracts and books. This type of evangelism had become popular during the mid-nineteenth century, and was facilitated by the faster and cheaper printing of books and tracts by the new steam presses. Ellen and her sisters were part of this movement. She wrote:

We talked the matter over among ourselves, and decided to earn what money we could, and spend it in buying books and tracts to be distributed gratuitously. This was the best we could do, and we did this little gladly. . . . Twenty-five cents a day was all I could earn. How carefully would I lay aside the precious bits of silver taken in return, which were to be expended for reading matter to enlighten and arouse those who were in darkness. . . . Every leaf of this printed matter seemed precious in my eyes; for it was as a messenger of light to the world, bidding them

¹White, *Life Sketches*, 46-47.

²Ibid., 53.

prepare for the great event near at hand. The salvation of souls was the burden of my mind, and my heart ached for those who flattered themselves, that they were living in security, while the message of warning was being given to the world.¹

This was the beginning of a life that Ellen would devote to religion.

Call from God

At the age of twelve, Ellen had two dreams. One dream was about visiting a temple and the second about being taken up a stairway to see Jesus. She described these dreams to her mother, who suggested that she tell the pastor about them. After hearing her story, he said: "Ellen, you are only a child. Yours is a most singular experience for one of your tender age. Jesus must be preparing you for some special work." He continued, "Go free, Ellen, return to your home trusting in Jesus, for He will not withhold His love from any true seeker."² Her grandson, Arthur White, wrote that this was the turning point in her life. When she reached home, she promised the Lord that she would do and suffer anything to have the favor of Jesus.³ At that early age, she told others about Jesus' love to her and presented her testimony when invited. She held strong to her faith.

This faith helped her through the great disappointment in 1844 when Jesus did not come as predicted. Many left the Millerite movement and those who opposed it rejoiced.

¹Ibid., 47-8.

²Ibid., 37.

³Arthur White, *The Early Years*, 39.

The leaders of the movement—Miller, Litch, Storrs, and Himes—had many false accusations printed about them in the newspapers.¹ Although disappointed, Miller still believed in the second coming of Christ:

Although I have been twice disappointed, I am not yet cast down or discouraged. God has been with me in spirit, and has comforted me. I have now much more evidence that I do believe in God's Word; and although surrounded with enemies and scoffers, yet my mind is perfectly calm, and my hope in the coming of Christ is as strong as ever.²

In December of 1844, at the age of seventeen, Ellen believed that she had received a vision from God³ while having morning worship with four other women. Describing the experience, she wrote:

While we were praying, the power of God came upon me as I had never felt it before. I seemed to be surrounded with light, and to be rising higher and higher from the earth. I turned to look for the advent people in the world, but could not find them, when a voice said to me, "Look again, and look a little higher." . . . After I came out of vision, everything seemed changed; a gloom was spread over all that I beheld. Oh, how dark this world looked to me! . . . I had seen a better world, and it had spoiled this for me. I related this vision to the believers in Portland who had full confidence that it was from God.⁴

Ellen believed that God gave her this vision to help comfort and strengthen the people after the great disappointment in October 1844 when Jesus had not returned as she and the other Millerites had believed.

¹Dick, 156-161.

²William Miller, "Letter to the Editor," 10 November 1844, in *The Midnight Cry*, 5 December 1844, cited in Gordon, 107.

³White, *Life Sketches*, 64.

⁴Ibid., 64-8.

Ellen was reticent about telling others of her vision until about a week later when she received a second vision. In this vision, God showed Ellen the trials that she would have to endure and the necessity for her to tell others about her visions.¹ Ellen devoted the remainder of her life to sharing the message of God with others.

Ellen's Health and the Call from God

Ellen G. White was well acquainted with illness. Following her accident at age nine, she had been frequently sick. Often death appeared imminent. This, along with her shyness, caused her to struggle with the call to tell others about Jesus. Ellen wrote, "My health was so poor that I was in constant bodily suffering, and to all appearance had but a short time to live." She continued, "I was only seventeen years of age, small and frail, unused to society, and naturally so timid and retiring that it was painful for me to meet strangers."²

Her grandson remembers:

Her calling was most remarkable, only 17 years of age, sick with dropsical consumption and confined to the house for most of the time for five years, and been given over by physicians to die. In this state God called her and told her to go out and tell the flock what He had revealed to her, that she should have grace and strength of God as she needed, that an angel should accompany her all the time and sometimes two in time of need, that no wicked power on earth should have dominion over her if she would obey the Lord.³

¹Ibid., 69.

²Ibid.

³Arthur L. White, *The Early Years*, 75.

Ellen continued to have medical problems throughout her life but believed God sustained her to carry on her work as His messenger.

Ellen's Responses

On August 30, 1846, at the age of eighteen, Ellen Gould Harmon married James Springer White, an Adventist preacher.¹ At this time, two groups of Adventists existed: those who believed that the date October 22, 1844, fulfilled a prophecy (the shut-door Adventists) and those who rejected that October 22 played a role in prophecy (the open-door Adventists).² The shut-door Adventists did not believe that they could affiliate with the open-door Adventists since they rejected the fundamental principles of William Miller. Ellen and James White belonged to the shut-door group of Adventists. They believed all of Miller's teachings.

For about ten years after the Great Disappointment, the Millerite followers debated the following doctrines: the state of the dead, the existence of hell, the atonement, the Sabbath, the ordinance of foot washing, the nature of the millennium, and the judgment.³ The followers finally split into four groups: the Sabbatarian Adventists (now known as the Seventh-day Adventists), the Evangelical Adventists (who believed in

¹White, *Life Sketches*, 77, 97.

²George Knight, *Millennial Fever and the End of the World* (Boise, ID: Pacific Press Publishing Association, 1993), 295.

³Jonathan Butler, "Adventism and the American Experience," in *Rise of Adventism*, 178.

immortality of the soul), the Advent Christian Church (which believed in the mortality of humans), and the Life and Advent Movement (which believed that the wicked dead will not be resurrected but sleep eternally).¹

Family and Role in the Church

James and Ellen White embraced the Sabbatarian doctrine. The Millerite movement was the ground from which the Seventh-day Adventist church grew, but it was not until October 1, 1860, that the church chose its official name.² Before then, the public knew them as the “Sabbatarian Adventists” or the “Sabbath Keepers” or “Believers in the Second Advent.” In October of 1861 they formed the Michigan Conference of Seventh-day Adventists. By 1862, seven other conferences were in place and in 1863 the final step of church organization was completed with the formation of the General Conference of Seventh-day Adventists.³

James and Ellen White played important roles in this organization. Besides sharing the gospel with others, orally and in writing, both were closely involved with the development of the church. Although James held pastoral and other church positions,

¹Dick, 168. The Evangelical Adventists disappeared in the 1920s. The The Advent Christian Church and the Life and Advent Union joined together in 1964. The Seventh-day Adventist church remains the largest Adventist denomination.

²Knight, *Millennial Fever*, 325.

³Ibid., 325-326.

Ellen did not hold any official office. However, the church accepted her as God's messenger.

Life for the Whites was not a prosperous one, but they had a belief in God that carried them through the darkest moments. Four sons were born into the family. The eldest, Henry, died of pneumonia at the age of sixteen; the youngest, Herbert, died of erysipelas at three months. The middle two, Edson and Willie, survived both their parents.

In 1855, James and Ellen moved to Battle Creek, Michigan, where they carried on their ministry and publishing.¹ Ellen continued to have visions which she shared both orally and in writing. Although much of her time was spent in writing and publishing, she spoke frequently about caring for her family, gardening, and helping others.

Ellen's Health Visions

Ellen White received her first vision about health in 1848. This vision emphasized the harmful effects of tobacco, tea, and coffee.² The vision showed her that a person's body was to be in the best condition possible when Jesus returned and that the use of these substances interfered with the purity required. The use of these substances was very common among members at the time she had the vision. Many members struggled with trying to break these habits in the years that followed her vision. In 1851, when asked

¹Ibid., 157-159.

²Dores Robinson, *The Story of Our Health Message* (Nashville, TN: Southern Publishing Association, 1965), 65.

about tobacco, she wrote that God would frown upon its use—unless the individual gave it up, God would not seal him or her. She further added, “I saw that Christ will have a church without spot or wrinkle or any such thing to present to His Father. . . . We must be perfect Christians.”¹

Her second health vision, on February 5, 1854, identified concepts of cleanliness, health preservation, and diet. Again these ideas related to restoration of the body and the second coming of Jesus. Preparing for heaven required, she believed, both individual and environmental cleanliness.²

Ellen’s most extensive health vision occurred in June of 1863. This vision included causes of diseases, the care of the sick, remedial agencies, nutrition, stimulants, narcotics, healthful attire, child care, and the obligations of each person to give intelligent attention to the health of the body and mind.³ During the first half of 1865, Ellen published six pamphlets about disease and its causes and other topics related to health reform. She wrote about the importance of these pamphlets in the *Review and Herald* on January 24, 1865:

We wish to call the attention of the brethren everywhere to these works, prepared with especial care, on the important subject of a reform in our manners of life,

¹Ibid., 65-6.

²Ibid., 71-2.

³Ellen G. White, MS 1, 1863, EGW, Andrews University, Berrien Springs, MI.

which is greatly needed, and as we view it, *will surely be accomplished in whatever people find themselves at last prepared for translation.*¹

On December 25, 1865, Ellen received another vision about the need to establish a health-care institution to provide care for the sick and teach them the principles of healthful living.² Ellen shared this information during a worship service in 1866:

I was shown that our Sabbath keeping people have been negligent in acting upon the light which God has given in regard to the health reform, that there is yet a great work before us, and that as a people we have been too backward to follow in God's opening providence as He has chosen to lead us. I was shown that the work of health reform has scarcely been entered upon yet. While some feel deeply and act out their faith in the work, others remain indifferent and have scarcely taken the first step in reform. . . . I saw that we as a people must make an advance move in this great work. . . . In order to be fitted for translation, the people of God must know themselves. They must understand in regard to their own physical frames that they may be able with the psalmist to exclaim: "*I will praise thee; for I am fearfully and wonderfully made.*" . . . I was shown that there is a much greater work before us than we as yet have any idea of, if we would ensure health by placing ourselves in the right relation to life. . . . Men and women must be instructed. . . . I was shown that we should provide a home for the afflicted and those who wish to learn how to take care of their bodies that they may prevent sickness.³

In 1864 Ellen and her husband visited Dr. James Caleb Jackson's Home on the Hillside in Dansville, New York. Dr. Jackson, a well-known health reformer, wrote extensively about many avenues of health reform. The visit impressed Ellen and she

¹Ellen G. White, "Health Reform," *Advent Review and Sabbath Herald*, 24 January 1865, 1.

²White, *Testimonies*, 1: 489.

³*Ibid.*, 485-9.

wished to start a similar type of institution.¹ In May of 1866, the General Conference of Seventh-day Adventists voted to begin such an institution and set plans in motion. The Western Health Reform Institute, later known as the Battle Creek Sanitarium, opened on September 5, 1866,² utilizing the health teachings of Ellen G. White in providing health care to the public. This institution cared not only for the physical aspects of the individual, but also addressed the spiritual components, for Ellen White believed that it was a religious duty to care for one's body. "As Christians we should arouse others to care for themselves and point them to God's medicine."³ Elder J.H. Waggoner wrote:

We do not profess to be pioneers in the general principles of health reform. The facts on which this movement is based have been elaborated, in a great measure, by reformers, physicians, and writers on physiology and hygiene, and so may be found scattered through the land. But we do claim that by the method of God's choice it has been more clearly and powerfully unfolded, and is thereby producing an effect which we could not have looked for from any other means. As mere physiological and hygienic truths, they might be studied by some at their leisure and by others laid aside as of little consequence; but when placed on a level with the great truths of the third angel's message by the sanction and authority of God's spirit, and so declared to be the means whereby a weak people may be made strong to overcome, and our diseased bodies cleansed and fitted for translation, then it comes to us as an essential part of *present truth*, to be received with the blessing of God, or rejected at our peril.⁴

¹Numbers, *Prophetess of Health: Ellen G. White and the Origins of the Seventh-day Adventist Health Reform*, 77-90.

²White, *Testimonies*, 1: 560.

³*Ibid.*, 562.

⁴J.H. Waggoner, "Western Health Reform Institute," *The Advent Review and Sabbath Herald*, 7 August 1866, 294.

In 1883, the first Seventh-day Adventist Training School for nurses opened in response to the need for nurses trained to teach others about health in a spiritual context.

Shaped by Her Times

Many of the rights taken for granted in the 1990s were unknown in Ellen's time. During the late eighteenth and nineteenth centuries, equality and education for all, religious freedom, and public health concerns were under massive reform, and Ellen G. White was directly involved in these reforms. The simultaneous technological revolution fueled the other reforms.

The impetus for many of the changes included the nearness of the new millennium and the Second Great Awakening. Innovations in religion were as much a part of reform as were the changes in education, technology, and social reforms, and a proliferation of new Protestant denominations resulted. Ellen G. White was a part of this movement. The Second Great Awakening and the revivalism that subsequently occurred affected her life greatly. First, her religious convictions changed with the revivalist efforts of William Miller. Second, society readily accepted new denominations. Third, Ellen White's beliefs were proclaimed publically even though she was a lay person. Lastly, her teachings became widely distributed through the publishing of pamphlets, tracts, and books.

Millennial fever, which began in the late 1700s, planted the seed for the thoughts of many to turn to transforming this world into an earthly paradise. While much of society was concerned with making this world a heaven on earth, however, Ellen G.

White was concerned with preparing earthly beings for heaven. She supported the concept of perfection, where individuals were to perfect themselves to be more like God. This included renewal of their minds, their bodies, and their souls, restoring them to God's image. The love of God and the mission of preparing people for the second coming of Jesus underpinned all her writings. Ellen G. White was looking forward to more than the new millennium. Her focus was on a whole new world—an earth made new at the second coming of Christ. Her religious fervor dictated that she devote her life to sharing the good news and commit herself to sharing with the whole world. She wrote: “It is God’s purpose that the truth for this time shall be made known to every kindred and nation and tongue and people.”¹

The sharing of truth with all was facilitated by the industrial revolution, accompanied by the advances in technology that enabled the rapid printing and distribution of Ellen’s writings and her travel throughout the United States, Australia, and Europe. Not only was the printed message to go throughout the world, but she also was able to share her beliefs in person.

The nineteenth century was a transitional era from centuries of traditional thinking; it was characterized by widespread social ferment. Education felt the impact as much as other areas of life. It changed from being available mostly to the rich and privileged and came to be considered a right for all, mandated through elementary school education by the end of the century. Ellen G. White was a strong believer in formal

¹White, *Testimonies*, 9:24.

education, encouraging and supporting it throughout her life. Several of her published books were devoted to education.¹ Her objective for education had a strong spiritual base. She wrote, “To restore in man the image of his Maker, to bring him back to the perfection in which he was created, to promote the development of body, mind, and soul, that the divine purpose in his creation might be realized— this was to be the work of redemption. This is the object of education, the great object of life.”²

Ellen believed that individuals needed a better education so that they could spread the gospel to others, and she played an extensive role in the development and implementation of Seventh-day Adventist Christian education from its inception in 1868. Her foresightedness in the reform of education coincided with other educational leaders and institutions of the time, such as Horace Mann and Oberlin College.³

Another area of social reform occurred in the domain of health and temperance. Describing the enthusiasm for reforms overall, and the absence of scientific knowledge, Rennie Schoepflin states, “Left to their own wits, Americans chose as best they could, often accepting the testimony of friends and drawing upon their own experiences of trial

¹Ellen G. White, *Education* (Mountain View, CA: Pacific Press Publishing Association, 1903); idem, *Fundamentals of Christian Education* (Nashville, TN: Southern Publishing Association, 1923); idem, *Counsels on Education* (Mountain View, CA: Pacific Press Publishing Association, 1968); idem, *Counsels to Parents, Teachers, and Students: Regarding Christian Education* (Mountain View, CA: Pacific Press Publishing Association, 1913).

²White, *Education*, 15-6.

³George R. Knight, ed., *Early Adventist Educators* (Berrien Springs, MI: Andrews University Press, 1983), 4-5.

and error.”¹ Ellen G. White promoted health reform in the Seventh-day Adventist church. This reform included fresh air, sunshine, nutrition and diet, exercise, healthful dress, water, rest, temperance, and trust in divine power. In great demand as a speaker on temperance and health reform, she spoke to large audiences, once with an all-time high of about 20,000.² Ellen believed the primary purpose of better health was to restore one’s body to the image of God. A secondary purpose was for individuals to witness through their own good health the importance of healthy living. She believed that health reform and health care were to be a major part of the Seventh-day Adventist message.³

With all the educational, social, and technological reforms that occurred, and with the expansion of the American frontier, universal rights of individuals started to be addressed. In many areas, women could work in capacities other than as domestics, nurses, or school teachers, and they were allowed to speak publicly for the first time.⁴

This gradual endorsement of the concept of universal rights contributed to the acceptance of the work of Ellen White.⁵ The public readily accepted her as a speaker,

¹Rennie B. Schoepflin, “Health and Health Care,” in *The World of Ellen G. White*, 148.

²Uriah Smith, “Grand Rally in New England,” *The Advent Review and Sabbath Herald*, 7 September 1876, 484.

³White, *Testimonies*, 1:486.

⁴Everett Dick, foreward to Jerome R. Clark, *1844*, vol. 2 (Nashville, TN: Southern Publishing Association, 1968), iii.

⁵The 19th amendment granting universal suffrage was ratified in 1920, 5 years after the death of Ellen G. White.

whereas during an earlier time she would not have been able to speak as openly or have been accepted as widely. This movement also opened the doors to a variety of educational opportunities for women, such as medicine which resulted in Battle Creek Sanitarium's hiring of Dr. Kate Lindsey, one of the earliest women graduates from the University of Michigan Medical School. Dr. Kate Lindsey started the nursing school at the Battle Creek Sanitarium, utilizing health beliefs espoused by Ellen White.

The intellectual, technological, and religious reforms that occurred in the nineteenth century paved the way for what Ellen White considered her God-given work. It is the meshing of revivalism, perfectionism, her personal traits, and the societal milieu of her time that allowed her to be a change agent.

Summary

Ellen G. White worked within the constraints of society. Her primary focus for reformation related to preparing humanity for the second coming of Jesus. Throughout her work, health and education were two central themes in which her reforms occurred. This review of the conditions of education, health care, nursing, and the role of women during the nineteenth century provides an understanding of the world in which Ellen G. White developed.

CHAPTER 4

FLORENCE NIGHTINGALE'S HEALTH BELIEFS

This chapter will detail the specific beliefs about health that were foundational to Florence Nightingale's practice, writing, and public endeavors. Florence Nightingale's beliefs about God, religion, and spirituality motivated everything that she undertook. As she compiled statistics and worked to change public health practices to reduce mortality rates, she labored with a religious fervor born of the conviction that she was working in harmony with God's laws. It was the interfacing of her religious and health beliefs that underpinned all of her convictions about humanity, nursing, education, and service.

Religious Background and Beliefs

Florence's consecration and devotion to the welfare of others were the results of her belief of perfecting oneself by helping others. She believed that God desired individual perfection and that each person needed to work toward that goal. Both the Victorian era and her family's strong Unitarian background also influenced her convictions. Although, because of political and social influences, Florence's parents left the Unitarian faith and became members of the Church of England, they continued to espouse the Unitarians' beliefs at home. Florence never renounced her membership in the Anglican church but explored other religious organizations, trying to find peace

within herself. The religion she saw practiced by many of those in her social culture lacked the vitality and forcefulness which would change lives or sponsor great success. At one point she seriously considered Catholicism. She adapted the tenets of various doctrines to form her own beliefs. She wrote that "it is not knowing but bearing fruit that He desires for us."¹ Florence accepted and promoted the Unitarians' statement of faith, which described salvation as

a technical word. . . . Its root word was in health and soundness. . . . For while the work of Christ did not in any way change God, it does effect transformation of equivalent importance to us, by rectifying our ideas of God and divine relations to man. . . . Then the final test of salvation, of belonging to Christ, is not one of knowledge or of opinion, but of temper, of principle and of character. ²

Florence's zest to pursue perfection (and therefore salvation) was unquestionable throughout her life. At an early age she frequently wrote to her grandmother and parents of her desire to do good and help others. Writing about this she stated, "God called me to the perfection of His service (to be a savior)."³ "A savior means one who saves from error. The world never seems to make much progress except by Saviors,"⁴ she wrote. Florence believed that she was to help improve individuals by directing them away from sin and error and toward perfection. In writing about sin she stated, "What is sin? It is

¹Florence Nightingale, *Diary*, 17 April 1889, BL.

²Alexander Gordon, *Positive Aspects of Unitarian Christianity* (London: Office of the Association of British and Foreign Unitarians, 1881), 122, 127.

³Florence Nightingale, *Journal note*, 7 May 1867, BL.

⁴Florence Nightingale, *ST*, 1:127.

the imperfection of nature and ignorance of Truth. Man and mankind are essentially imperfect, but they are workers towards perfection. Whatever is evil as well as good is through God's laws."¹

The core of Florence's spirituality was this belief in perfectionism. She considered God the Absolute, the Perfect, the Spirit of Truth. To her, one pursued communication with perfection (God) by helping others to help themselves toward betterment, "Mankind creating Mankind." In a letter to her father she expressed this:

I do think the "Christ on the Cross" is the highest expression hitherto of God—not in the vulgar meaning of Atonement but God does hang on the Cross every day in every one of us. The whole meaning of God's providence, i.e., His laws is (*sic*) the cross. . . . It is the self-same thing as what I mean when I say that God educated the world by His laws, i.e., by sin—that man must create mankind. . . . What must we do to be saved? Mankind must discover the organization by which mankind can live in harmony with God's purpose.²

Religion was clearly a source of strength for Florence. She frequently wrote of God. Florence distinguished between the character of God, which she claimed was knowable, and the essence of God that would always remain a mystery. Apparently she never gave a clear picture of Him in any of her writings. Her friend Benjamin Jowett, with whom she often discussed her spiritual philosophy, stated, "During the ten years & more that I have known you, you have repeated to me the expression 'character of God' about 1,100 times, but I cannot say that I have any clear idea of what you mean, if you mean anything more

¹Ibid.

²Florence Nightingale to William E. Nightingale, 23 September 1863, BL.

than divine perfection."¹ Often when writing about God, Florence spoke of His laws. She believed that God's laws regulated all phenomena and that keeping these laws brought one closer to God. Florence felt that the laws of God were discoverable by experience, research, and analysis. The consequences of not keeping God's laws would "call upon the human heart and understanding so to improve man's circumstances as to 'incline his heart to keep God's law' aright."² She wrote:

When, therefore, our natures, by the Creator's laws, have been brought into that state that we not only know that right is happiness, but feel it, know how 'to incline our hearts to keep this law,' we shall not will to commit evil, not because we shall have acquired what is called 'free will' to make a choice between good and evil, but because we shall no longer be capable of willing evil. To approximate to such a state, law affords that man means- the means, namely, that he may learn by experience how to modify constitution and circumstances, how to adapt circumstances to constitution, so that the nature, the will, will be right. . . . When man knows all God's laws he will perceive the full beauty of them; it will be impossible for him to wish to have one altered, the full happiness prepared for him will be impossible for him to wish other than what God wishes, because he will see the perfection of it.³

Florence believed that society needed to understand the laws of the universe which included the laws of nature and well-being. If individuals understood them, they could work more easily toward perfection. She described the developmental stages of religion: belief in miracles which broke the laws, belief in supernatural events which

¹Benjamin Jowett to Florence Nightingale, 31 October 1872, in *Dear Miss Nightingale: A Selection of Benjamin Jowett's Letters to Florence Nightingale, 1860-1893*, ed. Vincent Quinn and John Priest (Oxford: Clarendon, 1987), 234.

²Florence Nightingale, *ST*, 1:119.

³*Ibid.*, 140-50.

occurred as a result of prayer, and belief in religion as a science. Her plea was for a science of religion, which would be worthy of respect and active devotion.¹ Florence did not believe that health was an arbitrary gift from God, but a state that human beings must achieve for themselves by keeping these laws. She conceived religion to be a connection “between the infinite Spirit and the finite Spirit, which is religion.”² Florence defined health as “not only to be well but to be able to use well every power we have.”³ Her belief about health and sickness included keeping God's laws: “These [circumstances] are not sent to try us, but are the results of keeping, or not keeping the laws of God; and therefore, it would be conformable to the will of God to keep His laws, so that you *would* have health.”⁴

These laws demanded individuals to be responsible for themselves and for those under their care. Florence strongly supported the idea that people must discover these laws by using their own intelligence. She believed that God was the Divine Educator and it was His plan for people to teach and develop themselves. In this regard, she found impassivity and apathy intolerable since her concept of religion embodied devotion expressed in action, love leading to criticisms. She believed that God wanted her to be

¹Florence Nightingale, *ST*, 2:24.

²Florence Nightingale, quoted in I. B. O'Malley, *Florence Nightingale 1820 - 1856* (London: Thornton Butterworth, 1931), 105.

³Florence Nightingale, *ST*, 2:357.

⁴*Ibid.*, 119.

used as an instrument in this process. The principles she defined for religion were that a person may discover religion through the exercise of his or her nature, that life should be a manifestation of such religion, and that one has the power to make life such a manifestation.¹ Her calling was to help others better themselves by promotion of health and prevention of disease.

Florence believed disease was a direct consequence of not obeying the laws of God, which she associated with the laws of nature. Disease was a reparative process, an effort of nature to remedy or put itself in balance. She wrote:

In watching disease, both in private houses and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the suffering generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite different—of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these. . . . The reparative process which Nature has instituted, and which we call disease, has been hindered by some want of knowledge or attention in one or in all of these things, and pain, suffering, or interruption of the whole process sets in.²

Florence Nightingale realized that health was the balance of physical, mental, and spiritual aspects of a person. She also recognized that the environment in which people lived influenced their health.

Upon her return from the Crimean War, Florence devoted herself to improving the lives of others. She accomplished this primarily through her writings. Her most popular book, *Notes on Nursing*, written in 1859, expressed her beliefs about health. Florence

¹Ibid., 25.

²Florence Nightingale, *NN* (1860), 5.

wrote this book for domestic servants (the nurses of that time), most of whom were women, who cared for the sick and injured in private homes. The 1851 census of Great Britain recorded 39,139 individuals who stated they were nurses in domestic services; 46 percent of these nurses were under the age of twenty.¹

To ensure that her text was appropriate for this audience, John Sutherland, a medical physician, edited her book and suggested that she illustrate her precepts to make it easier to understand. Sutherland wrote,

If you come to teach nursing to the class of people from whom nurses are taken, you will have to be simpler and write in precepts, illustrating your precepts where required by a few easy sentences requiring little thought but appealing to the one element that every good nurse has, namely common sense.²

Nightingale explained in the preface that this book was for every woman in England because at one time or another in life each would be a nurse. She wrote that it was not the intention of the book to teach nurses to nurse but rather to give women knowledge about preserving the health of others.

Nightingale's mission was to enlighten others about the laws of God which, if kept, would produce health. She stated that the first lesson to be learned was wellness. Health of the body was only part of it, and there could be no separation of the soul and the body and of things sacred and secular. Improvement of the physical and moral human, she believed, went hand in hand.

¹Ibid., 79.

²John Sutherland to Florence Nightingale, 12 February 1859, BL.

Individuals usually achieve health in one of two ways, either by strengthening the defenses against disease or by attacking the invaders of the disease. In the 1860s when Florence Nightingale wrote most prolifically, limited medical advances had been made to identify microorganisms that cause disease. Scientists had introduced the germ theory, but the majority of the public did not accept it until the end of the nineteenth century. This and other medical advances made society think about disease differently. Instead of believing in the miasmatic theory, that disease arose spontaneously from filth, individuals started to accept the hypothesis that disease originated from specific organisms. Treatment of disease, therefore, began targeting the organisms that caused the disease.

Florence Nightingale never accepted the germ theory, however; throughout her lifetime she believed that illness was the consequence of being out of balance with God's laws. Therefore, it was her mission to teach the laws (canons) to others to help ensure their health, to put others "in the best condition for nature to act upon him."¹ Florence taught that there were two major components of nursing: health nursing and sick nursing. Health nursing was "to keep or put the constitution of a healthy person in such a state as to have no disease."² Sick nursing she described as helping "the person suffering from disease to live."³ "Both kinds of nursing," she wrote, "are to put a person in the best

¹Ibid., 1.

Florence Nightingale, "Sick Nursing & Health Nursing Manuscript," 1893, BL, 6.

³Ibid., 7.

possible condition for nature to restore or to preserve health, to prevent or to cure disease or injury."¹

In *Notes on Nursing* Florence described thirteen canons of health: “ventilation,” “health of homes,” “light,” “personal cleanliness,” “cleanliness of rooms and walls,” “bed and bedding,” “noise,” “taking food,” “what food,” “variety,” “petty management,” “chattering hopes,” and “observation.” From these titles, the reader can envision Florence's belief in holistic health. Her canons related not only to the physical, but also to social and psychological aspects of individuals. The thirteen canons can be categorized into two main areas: physical environment and psychosocial environment. Throughout these two areas, Florence stressed prevention and promotion of health.

Physical Environment

Many individuals in the early Victorian period did not understand the relationship between the physical environment and health. They believed that health or the lack of it was according to God's will. Therefore, little could be done to change the consequences. Society did not understand the laws of God about which Florence Nightingale wrote. It understood even less the concepts of environmental health promotion and disease prevention that she described.

It was a common practice for people to keep their windows closed and drapes drawn tightly, especially in rooms used rarely. Many threw their slop water out the

¹Ibid., 7.

window, and trash and refuse piled up next to their homes. Problems with sewage occurred, for many had their sewers draining under their houses. Some housed their farm animals next to their wells. Many lived in overcrowded small areas and rarely took a bath or washed their clothes. Cleanliness and sanitation were lacking in both their housing and their persons.

Florence Nightingale's theory that manipulation of the environment made a difference in health became well known during the Crimean War. When Florence arrived in Scutari, she found the army hospital filthy and overcrowded. No sanitary arrangements existed. Clean water was scarce, medical supplies were nonexistent, and the food was often moldy. The only arrangement for keeping the soldiers clean was a slipper bath (similar to a sponge bath) that each soldier received once every two and a half months. There was no furniture. The wounded lay either on the floor or on wooden pallets. The only type of bed sheet available was a coarse burlap covering, but these were rare. Wounded soldiers remained, for the most part, in the clothes that they wore upon admission. Some soldiers were fortunate to have a blanket when they arrived, but most did not; for those who did, their blankets were either soiled with blood or other body excreta.

The facilities for providing nourishment for the men were limited. Kitchen supplies were almost nonexistent. On her arrival, Florence found thirteen cooking containers in the kitchen. These were used to both cook and serve food for the 2,300 soldiers. In addition, there were no eating utensils available. Each person had a limited

water supply of one pint per day to use for drinking, bathing, and fixing tea. In a letter written to Sidney Herbert (Secretary of War for England), 25 November 1856, Florence explained:

When we came here, there was neither basin, towel nor soap in the ward nor any means of personal cleanliness for the wounded. . . . 30 were bathed every night by Dr. MacGiven's orders in Slipper-baths, but this does not do more than include a washing once in 80 days for 2,300 men. The consequences of all this are Fever, Cholera, gangrene, lice, bugs, fleas, and maybe erysipelas from the one source.¹

Within six months of her arrival, Florence cleaned the barracks hospital. She physically cleaned the floors, clothes, linens, and patients; set up a sewage system; and provided nutritious food. Because of these sanitary improvements the mortality rate fell from 42.75 percent to 2.1 percent,² proof that manipulating the environment made a difference. Historians³ estimate that more men died during this war from filth and lack of sanitation than from injuries. It is no wonder that the hospitalized men saw Florence as a ministering angel.

Ventilation

The canons related to physical environment which Florence Nightingale emphasized were ventilation (which includes light), water and sewage, cleanliness, nutrition, and noise. The canon that she stressed as most important throughout all of her

¹Florence Nightingale to Sidney Hubert, 25 November 1856, BL.

²Irene Cohen, "Florence Nightingale," *Scientific American* 250 (March 1984): 128-137.

³Trevelyan, 653.

writings was ventilation. She believed that the air inside a house or building needed to be as pure as that outside. Good ventilation started with the proper construction of a house:

To have pure air, your house must be so constructed as that the outer atmosphere shall find its way with ease to every corner of it. House architects hardly ever consider this. The object in building a house is to obtain the largest interest for the money, not to save doctor's bills to the tenants. But, if tenants should ever become so wise as to refuse to occupy unhealthily constructed houses, and if Insurance Companies should ever come to understand their interest so thoroughly as to pay a Sanitary Surveyor to look after the houses where their clients live, speculative architects would speedily be brought to their senses.¹

Good ventilation included having a sufficient supply of windows, adequate floor space for individuals, clean dry clothing and linens, and rooms free of bad odors (effluvia). These items, she emphasized, were as important in health as in illness. The results of improper ventilation, she believed, included diseases such as smallpox, scarlet fever, scarlatina, diphtheria, and consumption.

Repeatedly she emphasized the ill effects of breathing stagnant air. "Nineteen out of twenty cases of Scarlatina in any London parish," she wrote, "were traced to the state of the public schools."² This state included poor ventilation of school bedrooms and overcrowding. Stagnant air also presented health and economic problems in the factories and work areas.

How much sickness, death and misery are produced by the present state of many factories, warehouses, workshops, and workrooms! . . . Many of these areas were never constructed for such an object. They are badly adapted garrets, sitting-rooms, or bedrooms, generally of an inferior class of house. No attention is paid

¹Florence Nightingale, *NN* (1860), 15.

²*Ibid.*, (1861), 20.

to cubic space or ventilation. The poor workers are crowded on the floor to a greater extent than occurs with any other kind of over-crowding. . . . The constant breathing of foul air saturated with moisture, and the action of such air upon the skin renders the inmates particularly susceptible of the impression of cold, which is an index indeed of the danger of pulmonary disease to which they are exposed. The result is, that they make bad worse, by over-heating the air and closing up every cranny through which ventilation could be obtained. . . . And yet the master is no gainer. His goods are spoiled by foul air and gas fumes, his own health and that of his family suffers, and his work is not so well done as it would be, were his people in health.¹

She did not place all the blame on the employer, but believed that the working class needed to remember that health was their only capital and that pure air was an important agent of health. She advocated, if necessary, for workers to form a trade union, or, if they already belonged to a union, to have a strike to better the air quality in their working environment.

Good ventilation and fresh air were as important at night as they were during the day. Stagnant air during sleep caused more injury to the body than when awake. In large cities, night air was often the best air during the twenty-four-hour period. "I could better understand shutting the windows during the day than at night. The absence of smoke, the quiet all tend to make night the best time for airing patients." She continued, "One of our highest medical authorities on Consumption and Climate has told me that the air in London is never so good as after ten o'clock at night. Always air your room, then, from the outside air, if possible."²

¹Ibid., 21.

²Ibid. (1860), 12.

Florence believed that windows were to be open and doors were to be shut and gave specific instructions on this. She thought that gardeners had more concern for their plants than women did for their children and patients. "If a gardener aired his greenhouse how most women aired their houses, his plants would die." She continued, "Think then what it must then be for children or patients?"¹ To prevent a chill, she advised opening the window from the top instead of the bottom. "And during almost every night of the year, pull your window an inch down at *the top*. Remember AT THE TOP."² In mild weather she prescribed the windows being wide open.

Florence considered fresh air important to decrease unpleasant odors, which she called effluvia. Anything in the room could cause effluvia, such as linen, clothing, food, flowers, gas, candles, chamber pots, wash water, and so forth. She provided specific instructions on how to prevent these odors. Florence did not believe in using disinfectants or fumigations in the room because they only covered up the smell of what was repugnant. To be effective one must get rid of the offensive object. Uninhabited rooms often produced effluvia. It was the custom to keep rooms used infrequently tightly shut, with the windows closed, the drapes drawn tight, and no fresh air or sunlight allowed to enter. This gave the room a musty, foul smell.

¹Ibid. (1861), 22.

²Ibid., 15.

Sunlight

Sunlight was another element often ignored. In her experience, Florence believed that second only to the need for fresh air was the need for light. She wrote that light was essential to health and recovery and that it had a purifying effect upon the air in the room. She believed that individuals who lived in a dark house were not healthy, and if they were ill they could not achieve health by continuing to live in such an environment. She wrote, "A dark house is always an unhealthy house, always an ill-aired house, always a dirty house. Want of light stops growth, and promotes scrofula, rickets, & c., among the children."¹ Florence also believed that a direct relationship existed between sunlight, the body, and the mind.

One of the greatest observers of human things (not physiological), says in another language, "Where there is sun there is thought." All physiology goes to confirm this. Where there is the shady side of deep valleys, there idiots grow. Where there are cellars and the unsunned sides of narrow streets, there are the weakly—mind and body equally degenerating. Put the pale withering plant and human being to live in the sun, and, if not too far gone, each will recover health and spirit.²

She advocated that the sick should reside in rooms where they could have direct sunlight from the moment the sun rose until it set.

¹Ibid. (1860), 16.

²Florence Nightingale, *Notes on Nursing for the Labouring Class*, 2nd ed. (London: Harrison, 1868), 114.

Cleanliness and Water

Although Florence expressed that pure air was the most important canon, she wrote that without cleanliness, both within and without the house, ventilation was comparatively useless. The relationship between health and cleanliness is unquestioned in the twenty-first century, but was not understood in the 1800s. In 1861, Florence Nightingale wrote that many laboring men boasted that they had never washed anything below their face, except their hands. Women prided themselves on the same fact. One woman stated that she washed herself all over with water for the first time when she was eighty years of age. Another grandmother, who never bathed herself or her children, started bathing her grandchild and found him to grow up healthy. Florence found that those who were poor or resided in the country were much more afraid of water than those who were more affluent or lived in an urban setting.¹

Florence Nightingale recommended bathing frequently to keep the pores of the skin free from perspiration and all obstructing excretions. The effect of this was to remove any noxious matter as soon as possible. For those taking care of the sick, she proposed frequent washing of their hands and faces. Cleanliness involved not only keeping the body clean but also laundering the clothing. "If she [the nurse] allows her sick to remain unwashed or their clothing to remain on individuals after being saturated with perspiration or other excretion," she wrote, "she is interfering injuriously with the

¹Florence Nightingale, "Address on Hygiene and Child Rearing," 10 October 1892, Wellcome.

natural processes of health just as effectually as if she were to give the patient a dose of slow poison by mouth."¹

Beyond cleanliness, Nightingale believed that washing with a large quantity of water kept the skin softer and therefore aided with the mechanism of perspiration. To maintain health, water was as necessary as fresh air. This water, she advocated, should be pure soft water. If soft water were not readily available, one should collect either rain water or boil water to remove some hardness. Besides cleaning the skin and keeping it soft, bathing gave comfort. "The amount of relief and comfort experienced by the sick after the sick has been carefully washed and dried, is one of the commonest observations made," she wrote.²

Bed and Bedding

Cleanliness did not pertain only to personal hygiene but also to bedding and linens. Changing bed linens occurred infrequently in many homes; some believed that a bed well slept in aided the next occupant in being more comfortable. Florence disagreed with this idea.

An adult in health exhales by the lungs and skin in the twenty-four hours three pints at least of moisture, loaded with organic matter ready to enter into putrefaction; that in sickness the quantity is often increased, the quality is more noxious—just ask yourself next where does all this moisture go to? Chiefly into

¹Florence Nightingale, NN (1860), 53.

²Ibid., 53.

the bedding, because it cannot go anywhere else. And it stays there; because except perhaps a weekly change of sheets, scarcely any other airing is attempted.¹

To prevent reintroduction of the effluvia to the individual, she recommended frequent airing of the mattress.

For the sick she proposed using two beds, with each being occupied no more than twelve hours at a time. During the unoccupied twelve hours, airing of the bed linens should occur. Beyond the care of the bed linens she made many suggestions regarding the type of bedstead and mattress to use, the height and width of the bed, and its placement. "A patient's bed should always be in the lightest spot in the room, and he [the patient] should be able to see out of the window."²

Cleanliness of Homes

Neglect, Florence believed, also occurred in the cleanliness of the walls and rooms. This arose from polluted air, both from inside and outside. London is known for its infamous pea-soup fogs, which occurred primarily during the winter when sulphurous smoke, mainly from domestic coal fires, mixed with the inclement weather. These fogs frequently remained for days at a time, with visibility sometimes of only two to three meters. The external air often brought in extreme amounts of dust that carried organic matter. This she thought increased an individual's potential for disease. Many felt that

¹Ibid., 45.

²Ibid., 47.

under such circumstances, keeping their houses clean was impossible. But not Florence. She asserted that it related to the way individuals dusted their homes.

Dusting in these days means nothing but flapping the dust from one part of a room on to another with doors and windows closed. What you do it for, I cannot think. You had much better leave the dust alone, if you are not going to take it away altogether. . . . The only way I know to *remove* dust, the plague of all lovers of fresh air, is to wipe everything with a damp cloth. And all furniture ought to be so made as that it may be wiped with a damp cloth without injury to itself, and so polished as that it may be damped without injury to itself, and so polished as that it may be damped without injury to others. To "dust," as it is now practised, truly means to distribute dust more equally over a room.¹

She also disapproved of the way that many ignored cleaning the walls and ceilings of their homes. She proposed that they scour their walls in the same manner as they scoured their floors. In addition, she deplored the use of wallpaper in houses because she felt that the walls could not be cleaned properly. She supported the use of oil paint because it allowed frequent washing of the walls. If one could not afford oil paint, she wrote, "Even in the poorest houses, washing the walls and ceilings with quick-lime wash twice a year, would prevent more disease than you wot of."²

The public accepted the idea of cleaning floors and carpets in a house or building. Most agreed that shoes brought in organic matter from the outside. Florence believed that this organic matter provided a ready source of infection and recommended frequent carpet cleaning and special care when washing floors. This was of particular concern to Florence because, in the mid-1800s, porous material covered many floors. When this

¹Ibid., 50.

²Ibid. (1861), 17.

type of covering became wet, it soaked up organic matter. She cited many cases of erysipelas in hospitals using absorbent floor coverings. Florence emphasized proper drying of the floor before anyone occupied the room. She advocated cleanliness of the environment: "Without cleanliness, you cannot have all the effect of ventilation; without ventilation, you can have no thorough cleanliness."¹

Environmental cleanliness not only applied to individuals and their homes, but also to pure water and proper disposal of waste. Florence considered efficient drainage essential to health. Although this was not a new idea, individuals poorly carried out the practice of cleanliness, pure water, and proper drainage of human body waste in the mid-1800s. The sanitary conscience of the world awakened slowly and many individuals did not practice the science of sanitary engineering and its practical application until approximately the middle of the nineteenth century.

Sewage and Drainage

The use of pure water had improved in London due to the sanitary reforms, but in many parts of England individuals continued to use impure well water for domestic purposes. Impure well water usually arose from contaminated water filtering in through the ground near the well's mouth. Nightingale wrote harshly about people commonly having their privies, cesspools, ash pits, and manure piles right next to the house and

¹Ibid. (1860), 52.

contaminating the wells. In many of her letters and manuscripts, she discussed the proper placement of drains, privies, farm animals, and pipes to prevent disease.

In 1875, Florence wrote about the relationship between air from sewers and disease. She believed that foul air from sewage caused disease and cited many cases: the typhoid of the Prince of Wales, gastric fevers in schools, typhoid fever, and scarlet fever.¹ She believed that the death rate would decrease if local health boards examined and certified the plans of all drainage and water supply to homes. Florence stated:

It would be curious to ascertain by inspection, how many houses are really well drained. Many people would say, surely all or most of them. But many people would have no idea of what good drainage consists. They think that a sewer in the street, and a pipe leading to it from the house is good drainage. All the while the sewer may be nothing but a laboratory from which epidemic disease and ill health are being distilled into the house. No house with any untapped drain pipe communicating immediately with a sewer, whether it be from water closet, sink, or gully-grate, can ever be healthy. An untapped sink may at any time spread fever or pyaemia among the inmates of a palace.²

She also believed that English death rates could be reduced significantly if the cause of fevers were under control, and theorized that bad drainage and bad water brought on fevers. Although in 1847 the city of London made connections to sewers compulsory for its residents and eradicated 200,000 cesspools, it did not solve the sanitation problem. Instead, much of the sewage drained into the River Thames. As late as 1871 the problem still existed when Albert, the Prince of Wales (Queen Victoria's husband), caught typhoid

¹Florence Nightingale, *Notes on Nursing* (Unpublished edition, 1875), BL.

²*Ibid.* (1860), 15.

fever while staying at a house in Yorkshire. The cause of his fever was traced back to improper sewer drainage.¹

Nightingale provided extensive statistics to the government relating to sanitation. Public officials consulted her regarding this, especially as it related to homes and hospitals. She provided extensive reports about widespread changes needed regarding military health status and sanitary engineering not only in England, but also in India. She advocated the importance of hygiene in preventing disease and in promoting health. Many of her writings promoted this concept, such as *Minding Baby*,² an *Address on Hygiene and Child Rearing*,³ and *Health Teaching in Towns and Villages: Rural Hygiene*.⁴

Boys and girls must grow up healthy with clean minds and clean bodies and clean skins. And for this to be possible, the air, the earth, and the water that they grow up in and have around them must be clean: fresh air, not bad air, clean earth, not foul earth, and pure water—not dirty water. . . . It is worthwhile to try to keep the family in health—to prevent the sorrow, the anxiety, the trouble of illness in the house, of which so much can be prevented.⁵

¹Marjorie Quennell and C. H. B. Quennell, *A History of Everyday Things in England: 1851-1948*, vol. 4 (London: BT Batsford, 1948), 167-8.

² Florence Nightingale, *NN* (unpublished edition, 1875), BL, 29.

³Florence Nightingale, "Address on Hygiene and Child Rearing."

⁴Florence Nightingale, "Health Teaching in Towns and Villages: Rural Hygiene (1894)," BL.

⁵Nightingale, "Address on Hygiene and Child Rearing."

Nutrition

Florence Nightingale believed nutrition to be another important facet of health. She discussed the nutritional elements found in various foods, but cautioned against selecting foods based on the amount of elements (carbon and nitrogen) that they contained. Florence believed that chemistry offered little insight into the diet needed for the sick. "The main question is what the patient's stomach can assimilate and derive nourishment from." She continued, "Chemistry cannot tell us this."¹ She advocated individualizing diets. Each sick person, she believed, was the best judge of what needed to be eaten and when he or she needed to eat it. "Every careful observer of the sick will agree in this that thousands of patients are annually starved in the midst of plenty, from want of attention to the ways which alone make it possible for them to take food," wrote Nightingale.² She wrote her recommendations and beliefs about dietary intakes primarily for those with illnesses.

The sick diet during the mid-1800s consisted primarily of beef tea. "It is unknown why a sick man can get better on beef tea and healthy men rapidly lose their strength," she wrote.³ Florence did not believe that any nutritive value to beef tea existed, yet she recommended it because it seemed to have an unknown reparative quality.

¹Florence Nightingale, *NN* (1860), 42.

²*Ibid.* (1861), 79.

³*Ibid.*, 77.

Nightingale considered milk and the preparations made from milk important foods for the sick, but cautioned that the milk and its products must be fresh—if not, they caused diarrhea. She advocated the use of cream for individuals with chronic diseases, the use of buttermilk for those with fevers, and the use of butter that enabled the patient to take bread easily and she suggested using it for individuals with chronic diseases.

Many believed that meat should be the only nutrition an individual received while sick, but Nightingale disagreed. She suggested a diet that included vegetables, because she found that a lack of vegetables produced scorbutic sores. Not only did she write to include vegetables in the diet, but she gave instructions on the proper way to cook them.

Others believed that one egg contained as much nutrition as a pound of meat; Florence did not: "Many think one [egg] is equivalent to a pound of meat, but it is not so."¹ Florence advocated using eggs sparingly because they disagreed with digestion. For those patients who had nervous or bilious temperaments, she stated that the only way they should eat an egg is "whipped up with wine."² Very little could be found in her writings about the use of wine or alcohol for medicinal purposes. She strongly discouraged the use of alcohol by children.

English tea received mixed reviews from Nightingale. She felt that the public said too much against the use of tea for those who were sick and yet wrote that the sick received too much tea. A little tea, she believed, relaxed the patient, but too much

¹Ibid. (1860), 40.

²Ibid.

impaired the digestion. Although she thought that coffee restored the patient more quickly, she felt that it caused more injury to the digestive system than did tea.

Florence warned against giving children large amounts of tea. In 1875, she discussed a Lancashire factory child aged thirteen to fifteen who consumed milk morning and night and gained about fifteen pounds in one year; yet another child in the same circumstances who had tea or coffee instead of milk gained only four pounds per year.¹

Nightingale counseled those who cared for the sick to indulge their patients' "fancies," and determine the hours of the day that they felt they could best tolerate eating. To help digestion, she advocated allowing patients enough time to eat and advised against disturbing them with business immediately before or after a meal. Many nutritional problems, she thought, were related to digestion. "Weakness of digestion depends upon habits; primarily and directly upon want of fresh air; secondarily and indirectly upon idleness or unhealthy excitement, unwholesome food, abuse of stimulants and aperients and other exhausting habits."² She cautioned mothers to monitor the food consumed by their children and to ensure that they ate a wholesome diet.

Nightingale provided considerable advice related to the nurse or care provider. This advice included not only meeting the physical requirements of the patient but also his or her psychosocial needs.

¹Florence Nightingale, *NN* (1875), 32, BL.

²*Ibid.* (1861), 20.

Psychosocial

Florence recognized that health involved the balance of mind, body, spirit, and emotions in an ever-changing environment. Her interest in lives of the soldiers during the Crimean War did not end with their sanitation, ventilation, and diet. Florence wanted to change not only their physical conditions but also their psychosocial conditions. This was consistent with her belief that there was a sanitary science for human faculty and function. She wrote:

Sanitary science is showing how we may affect the constitution of the living and of future lives. In one direction, sanitary science is understood to apply to the physical nature; but each part of man's nature effects every other. Moreover, there is a sanitary science essential to each of man's faculties and functions. For each there is an appropriate state and operation- in other words, a healthy state; and there is a science discoverable as to how, by what means to bring about that appropriate state. Not only have we the power to modify existing constitutions—we have power to regulate circumstances favourably to individual idiosyncratic constitutions (meaning by *favourably* so as to induce a right state of nature—*i.e.*, of the will).¹

Florence expressed concern about the soldier's lifestyle, such as money management, liquor consumption, and use of leisure time. She wanted to change the common perception of the soldier from that of a drunken man to that of one worthy of respect.

Nightingale initiated several projects in Scutari to improve the soldiers' psychosocial well-being. She established the Inkerman Cafe, which provided food and entertainment as an alternative to the local canteen where alcohol flourished. Florence set

¹Florence Nightingale, *ST*, 1:70.

up a reading room and a recreation room where the soldiers could play table games or read books, newspapers, and magazines.

In addition, she set up a type of banking system to send the men's postal orders home. Florence also initiated a governmental pension and bereavement fund for the soldiers. Not all authorities looked upon this favorably. She wrote to her family:

Under Lord W. Paulet's very windows, the Convalescents are brought in emphatically *dead* drunk, for they die of it, & he looks on with composure & says to me, "'You are spoiling those brutes.'" The men are so glad to read, so glad to give me their money to keep or to send home to their mothers or wives.¹

Variety

Florence took a personal interest in the soldiers and their families. At her personal expense, she supplied a large amount of the reading material and writing supplies for the soldiers. If the soldiers were unable to write home, she had others help them write their letters. She personally wrote some letters, usually letters of condolences to the family of a deceased soldier. With Florence's persuasion, the military hired school masters to teach the convalescing soldiers at Scutari. She wrote home that "the lectures were crowded to excess so that the men would take the door off the hut to hear."² Florence believed that

¹Florence Nightingale to the Nightingale family, 5 May 1855, Wellcome.

²Florence Nightingale, quoted in Cecil Woodham-Smith, *Florence Nightingale*, 167.

variety was an essential component of wellness and it would enhance the healing process needed for ill soldiers. In a letter to John H. Lefroy she wrote:

Give them opportunity promptly & securely to send money home - & they will use it. Give them a School & Lecture & they will come to it. Give them a book & a game & a magic Lanthorn & they will leave off drinking.¹

Variety, she believed, increased the countenance of the individual. Nightingale found that a close relationship existed between depression and monotony. She wrote, "To any but an old nurse, or an old patient, the degree would be quite inconceivable to which the nerves of the sick suffer from seeing the same walls, the same ceiling, the same surroundings during a long confinement to one or two rooms."²

Nightingale suggested that the sick person not only have a change of physical surroundings but that those surroundings be aesthetically pleasing. She believed that the use of plants, flowers, beautiful objects, color, and a variety of objects increased the well-being of the sick person. Florence cited many incidents where flowers and plants not only uplifted the individuals' spirits but also decreased their fevers. She wrote of personally being uplifted when brought a bouquet of flowers during an illness. She sent flowers frequently to ill friends, both at home and in the hospital. Flowers and plants, she stressed, also helped to increase the quality of air in a room. She wrote:

While the nurse will leave the patient stewing in a corrupting atmosphere, the best ingredient of which is carbonic acid; she will deny him, on the pleas of unhealthiness, a glass of cut-flowers or of a growing plant. Now, no one ever saw

¹Florence Nightingale to John H. Lefroy, 6 March 1856, BL.

²Florence Nightingale, *NN* (1860), 33.

"overcrowding" by plants in a room or ward. And the carbonic acid they give off at night would not poison a fly. Nay, in overcrowded rooms, they actually absorb carbonic acid and give off oxygen.¹

Nightingale believed that variety affected both the physical and mental well-being of the person. She thought that, within reason, ill individuals should do as much as possible for themselves. This would not only provide a diversion, but also help them to keep up their strength. She said that diversion for the sick individual could include "a little needle-work, a little writing, a little cleaning."² This variety also included ensuring that the ill individual could look out a window and watch the changing scenery. She repeated often the positive effect of sunlight for the invalid confined to a room. Florence thought that the worst thing for an ill person was to sit and vegetate and do nothing.

Although Nightingale wrote more about the effects of variety on the ill and convalescing individual, she believed it important for healthy individuals also.

Volumes are now written and spoken upon the effect of the mind upon the body. Much of it is true. But I wish a little more thought of the effect of the body on the mind. You who believe yourselves overwhelmed with anxieties, but are able every day to walk up Regent-Street, or out in the country, to take your meals with others in other rooms, &c., &c., you little know how much your anxieties are thereby lightened; you little know how intensified they become to those who can have no change.³

¹Ibid., 34.

²Ibid., 36.

³Ibid., 34.

Chattering Hopes and Advices

She stressed psychological well-being in her writings. Health, she believed, was directly related to, and affected by, reactions to internal and external environment.

Florence expressed the need for a therapeutic milieu, particularly for the sick individual. In the canon, *Chattering Hopes and Advices*, she described the various effects of individuals who visited the ill or convalescing. She thought that in trying to cheer up the patient, many visitors actually caused harm. She wrote, "The fact is, that the patient is not 'cheered' at all by these well-meaning, most tiresome friends. On the contrary, he is depressed and wearied."¹ Florence provided specific instructions regarding visiting the sick, and wrote that visitors should give good news, talk about pleasant things, and not give false hope and assurance. She stressed that those well wishers who come to visit the sick should not chatter endlessly about anything. She also gave stern advice to those who wanted to advise the sick.²

Patients, she thought, desired visitors who would listen and allow them to talk about their own needs, instead of the visitor's needs. She advocated pet therapy and wrote that "a small pet animal is often an excellent companion for the sick."³ With a pet, the patient could talk to them at his or her own discretion and not have to listen to endless

¹Ibid., 55.

²Ibid., 56-8.

³Ibid., 58.

conversation. She wrote of one invalid who, in comparing his nursing by a nurse and a dog, preferred the dog because "it did not talk."¹

Another therapy advocated was visitations by infants and small children. It freshens up a sick person's whole mental atmosphere to see "the baby". And a very young child, if unspoiled will generally adapt itself wonderfully to the ways of a sick person, if the time they spend together is not too long. . . . An infant laid upon the sick bed will do the sick person, thus suffering, more good than all of your logic.²

Nightingale listed five types of visitors that cause the patient harm:

To the nurse I say—these are the visitors who do your patient harm. When you hear him told: 1. That he has nothing the matter with him, and that he wants cheering. 2. That he is committing suicide, and that he wants preventing. 3. That he is the tool of somebody who makes use of him for a purpose. 4. That he will listen to nobody, but is obstinately bent upon his own way; and 5. That he ought to be called to a sense of duty and is flying in the face of Providence.³

She believed that a relationship existed between emotional and physical health.

Patients needed not only quietness but also consideration when being spoken to or about.

In *Notes on Hospitals*, Nightingale gave specific instructions regarding the placement of beds in the hospital. Her design for the placement of beds provided for adequate lighting and ventilation and prevented unnecessary noise in the room. She stressed the importance of an individual being able to see the speaker directly and not having to strain to hear when

¹Florence Nightingale, *NN* (1861), 60.

²*Ibid.* (1860), 58.

³*Ibid.*, 57.

being spoken to. She wrote, "If you make this act a wearisome one, on the part of the patient you are doing him harm."¹

Individuals whispering away from the patient or in the hall caused harmful noise. Harmful noise also could come from opening a door or window, from a rattle or creak in the floor, from the flapping of a curtain or window shade, from the rustling of a woman's dress, or from any sudden intermittent sounds. She expressed concern about the unthoughtfulness of some individuals who caused harmful noise. Noise, she believed, caused sleep deprivation, depression, fatigue, tension, and irritability of the sick individual. She wrote:

But intermittent noise, or sudden and sharp noise . . . affects far more than continuous noise. . . . If one thing you may be certain, that anything which wakes a patient suddenly out of his sleep will invariably put him into a state of greater excitement, do him more serious, harm, & lasting mischief, than any continuous noise, however loud.²

Noise

More than 130 years ago Florence theorized the effects of music on an ill individual. She believed that music, because of the continuous sound it produced, benefited the patient. "Music, to the well, who *ought* to be active, gives the enjoyment of

¹Florence Nightingale, *Notes on Hospitals*, 3rd ed. (London: Longmans, Roberts, and Green, 1863), 28.

²Florence Nightingale, *NN* (1860), 25.

active life without their having earned it." She continued, "Music to the sick, who *cannot* be active, gives the enjoyment and takes away the nervous irritation of their incapacity."¹

Her writings about noise included the noise made by dresses of the visitors and nurses. She wrote about the fidget of silk and crinoline. Besides the noises of the skirts, she expressed concern about safety of both the patient and the nurse when wearing crinoline. Crinoline and such types of material caught on fire very easily and therefore could be a potential hazard to the patient.²

Summary

Nightingale's beliefs about health encompassed the whole individual, not just the physical, but also the psychosocial aspects, consistent with her beliefs about religion and spirituality. These beliefs unpinned her thirteen canons: ventilation, health of homes, light, personal cleanliness, cleanliness of rooms and walls, bed and bedding, noise, taking food, what food, variety, petty management, chattering hopes, and observation. These beliefs were fundamental to her practice, writings, and public endeavors. Florence affirmed unselfishness and love for not only the physical aspects of one's neighbor but the whole person. This was evident in the fruits of her labor. She put her religion into action. Nightingale's health beliefs, rooted in her religion, formulated an environmental theory that addressed both the internal and external environments of the individual.

¹Ibid. (1861), 35.

²Ibid. (1860), 27.

CHAPTER 5

THE INCORPORATION OF FLORENCE NIGHTINGALE'S HEALTH BELIEFS IN THE NIGHTINGALE SCHOOL OF NURSING

This chapter will show the degree of incorporation of Florence Nightingale's health beliefs by the Nightingale School of Nursing at St. Thomas' Hospital in London. The Nightingale School was set up in appreciation of Florence Nightingale's work in the Crimea. The founders of the Nightingale Fund had expected her to develop and administer the school upon her return. Because of her poor health, multiple other interests, and lack of interest in the administration of the school itself, she confined her role in the early years to developing the curriculum, selecting administrative staff, and detailed advising, which she accomplished by correspondence. She did not physically visit the Nightingale Training School for Nurses until more than twenty years after its inception.

Although Nightingale was not physically present, her influence was paramount. She never held an official title in relation to the school, but the power she wielded through the Nightingale Council was absolute. Her close friendships with parliamentary leaders gave her political influence. She manipulated affairs to her satisfaction. She consulted

with physicians, but ignored their advice if it did not conform to her own ideas. In the eyes of the school administration, her word was law. Even without an official title or specific responsibilities, her convictions were incorporated unquestioningly into the curriculum. This included the utilization of her health beliefs in the form of the thirteen canons.

In the fall of 1855 Miss Nightingale's friends and admirers launched a public appeal to raise money to express the nation's gratitude for her work during the Crimean War.¹ The resultant Nightingale Fund, totaling more than £ 44,000, came from a variety of individuals. A large sum, designated to help Florence Nightingale establish "an Institution for the training, sustenance and protection of Nurses and Hospital Attendants,"² came from veterans of the Crimean War.

Upon return from the Crimea in 1856, Florence worked primarily on reforms in military hospitals. She had not initiated the idea of starting a nursing school and in fact was not enthusiastic about it for several years. Florence appointed a Council to look after the Nightingale Fund. In 1859, the Fund Council, with Nightingale's approval, began preliminary conversations with St. Thomas' Hospital, a London hospital with which she had some connections. Nightingale held a high regard for the matron at St. Thomas',

¹Lucy Seymer, *Florence Nightingale's Nurses* (London: Pitman Medical Publishing Co., 1960), 1.

²Deed of Trust Clause 13, 20 June 1857, Nightingale Council, GLRO.

Mrs. Sarah Wardroper, and had also previously established a relationship with the chief medical officer, Mr. Richard G. Whitfield.¹

Because of Nightingale's lack of interest and poor health, she chose not to be actively involved in the Nightingale School; instead Sarah Wardroper became the first superintendent. The Nightingale School of Nursing at St. Thomas' Hospital admitted eight students in July of 1860. It was the first secular² school of nursing in Great Britain, having no connection to a religious organization. Florence never physically visited St. Thomas' Hospital or the Nightingale School until twenty-two years after its inception, but she corresponded frequently with the superintendent, matron, physicians, home sisters, and some probationers.³ This correspondence ranged from Florence giving detailed instructions about what she would like done, responding to questions on which they had sought her council, and sending money for specific students, patients, and sisters about whose circumstances she had heard. She also corresponded regularly with the members of the Nightingale Fund Council.

¹*The Nightingale Training School, St. Thomas' Hospital 1860-1960* (London: Smith & Ebbs, 1960), 3.

²The word "secular" in the 1800s was defined as living in the outside world, not bound by monastic restrictions, and especially not belonging to a religious order. This meant that the Nightingale School was not a member of a religious order, but it does not imply that it was a nonreligious school, as is the meaning of the word "secular" in the 1990s.

³The students were referred to as probationers. Their probationary period was for the entire length of the program. The home sisters were nurses first appointed in 1872. They were to provide moral and social guidance for the probationers. Their duties also included tutoring, administering examinations, and keeping records.

Nightingale's Instructions for Administration and Curriculum

Before the nursing program began, Florence provided detailed instructions about the administration and curriculum. Three fundamental principles underpinned the Nightingale system of training. First, the matron was in charge of the probationers and the ward sisters were her assistants. Second, the probationers received training for their work. Third, the program founders considered the nurse's character to be as important as her technical expertise. She had to be sober, honest, and reliable at all times. To ensure this character development, probationers lived in the nurses' home. The sister in charge of the home was to educate the probationers in the art of reading, writing, religion, and morals. Florence wrote that this home was to be "a place of moral, religious and practical training, a place of training of character, habits, intelligence."¹

Admission Standards

The Nightingale School established admission standards that were quite different from other schools where virtually the only requirement was that the applicant be willing to work. Criteria for the Nightingale School required that applicants must be female between the ages of twenty-five and thirty-five with irreproachable character, and that they submit testimonials and health certificates. The only standard relating to academics was the recording of the name of the school or schools that educated the applicant. The last part of the application—"Have you read and do you clearly understand the

¹Florence Nightingale to Henry Vernay, 20 October 1860, Wellcome.

Regulations?"¹—implied some reading and comprehension ability on the part of the applicant.

References to Nightingale's underlying religious framework about the nature of God, His laws, and the concept of service and perfection appeared frequently in her writings to and about the school, especially in her annual letters to the probationers. She wanted to ensure that they had some type of religious orientation; the applicants had to provide a reference from a clergyman who knew them. They also had to provide an additional character testimonial from another source. Miss Nightingale, in writing of one applicant, described her as "one of these cases where references tell nothing but that they are fond of her. The Paper very languidly filled in . . . she may be anything or nothing."² In 1860 Florence asked Mary Jones, a woman active in the social welfare arena, about testimonials or references for students and wrote that "it has been proposed that a form of testimonials to be filled up by each Probationer, before she can be received, shall be prepared. I think testimonials & proofs of character not worth the paper they are written on. What do you recommend?"³ It is unlikely that they denied applicants acceptance

¹Florence Nightingale, "Questions to Be Answered by Candidate," 1860. Nightingale Fund Council, Nightingale Training School, GLRO.

²Florence Nightingale to Sarah Wardroper, 19 August 1870, BL.

³Florence Nightingale to Mary Jones, 15 May 1860, BL.

because of their references (no evidence can be found), but evidence of dismissal from the program for misconduct exists.¹

Attrition

The regulations of the school included a statement that students could be dismissed at any time for misconduct. In the first nine years of the program, 188 women were admitted; 62 did not complete training. Three died, 52 were dismissed, and 7 resigned. The dismissals included 26 for misconduct, 3 for insobriety, and 23 for poor health.² The number of program applicants cannot be determined, but in letters and notes Florence Nightingale commented about the lack of applicants, often quoting Mrs. Wardroper as saying “quality not quantity.”³ Nevertheless, one wonders how accurate were the recommendations and testimonials about character attributes, if 14 percent of those admitted were dismissed for misconduct and nearly 2 percent for insobriety. Also, the applicant was to have a clean bill of health, but no references can be found which describe what a clean bill of health meant. Therefore, in spite of admitting students with supposedly good health, the Nightingale school, during the first 9 years, dismissed 23 because of poor health and 3 died while in training.

¹Monica Baly, *Florence Nightingale and the Nursing Legacy* (London: Croom Helm, 1986), 41-42.

²“Record Books, 1860-1870, Nightingale Training School for Nurses,” Nightingale Training School Collection, GLRO.

³Sarah Wardroper to Florence Nightingale (n.d.), BL.

Problems with Retention of Probationers

Although applicants whose characters the foundation's council thought to be similar to that of a "Sairy Gamp" were not admitted, the statistics indicate that not all students' characters were above reproach.

It is not known why, but even after some of these nurses completed their one year of training and were assigned to other posts, problems arose, although Mrs. Wardroper had given them good reports upon their completion.¹ Of the 126 students who completed the program in the 1860s, the hospitals dismissed 12 from their first post for reasons unknown, while they dismissed 2 for insobriety. Health also continued to be a problem. During their first year after completion of the probationary period, 20 students left because of poor health, 2 died, and 2 were placed in a mental asylum.² Miss Nightingale attributed some of this illness to the conditions of the hospital. Although sanitation had been stressed, many hospital employees continued with their previous practices, resulting in increased susceptibility of students, employees, and patients to acquiring infectious diseases from each another. Florence found that fewer of the Nightingale nurses were sick after they moved to the new St. Thomas' Hospital, where specific improvements had been designed to reduce noscomial infections.³ Mr. Whitfield, with the help of Miss Nightingale,

¹Nightingale Fund Council Report, 1867, Nightingale Fund, GLRO.

²"Record Books," 1860-1870, Nightingale Training School for Nurses, Nightingale Training School, GLRO.

³Florence Nightingale to Henry Bonham Carter, 22 September, 1874, BL.

campaigned to move St. Thomas' Hospital to a better location in the suburbs of London. Although not moved to the suburbs, a new St. Thomas' Hospital was constructed in 1871, designed according to the latest sanitary principles which Nightingale endorsed.¹

Rules for Probationers

The school called students admitted to the nursing program "probationers." These probationers were under the authority of the matron of the hospital and had to obey the hospital rules, which shows consistency with one of Nightingale's fundamental principles. Nightingale also believed that each student should have time for herself, and have some money available if needed. Each probationer had a separate bedroom in the nurse's home and the Nightingale Fund paid for her lodging, food, uniforms, and laundry. Each probationer received a yearly stipend of ten pounds.²

Before formal acceptance into the program, a probationer endured a one-month trial period. Probationers who completed the one-year training period had to work for an additional two to three years either at St. Thomas' Hospital or in another hospital which was under the supervision of the Nightingale Fund. At the end of each year, the Council granted the students a stipend that increased yearly.³ Not all members of the Nightingale Fund Council agreed with the idea of working additional time upon completion because

¹E. M. McInnes, *St. Thomas' Hospital*, 2^d ed. (London: Special Trustees for St. Thomas' Hospital, 1990), 132.

²Nightingale Fund Council, 17 March 1860, GLRO.

³Ibid.

they could not enforce the contract, but Miss Nightingale insisted upon it and it remained in the contract, although Miss Nightingale later conceded that it was unenforceable.¹

Lady Probationers

In 1867, a second type of nurse was admitted for training. These were lady probationers who came from the higher social classes and had to pay for their training and did not receive a stipend. The lady probationers trained under stricter supervision, received more lectures, and had to stay on for only one year after completion of their training in comparison to the regular probationers.² It was Nightingale's idea to train the ladies to take leadership roles in the reform of nursing. She realized that they would be more successful as superintendents of new training schools. She wrote:

My principle has always been that we should give the best training we could to any woman of any class, of any sect, "paid" or unpaid, who had the requisite qualifications for the vocation of a nurse. Unquestionably, the educated will be more likely to rise to the post of Superintendent but not because they are "ladies" but because they are educated.³

Many of these ladies established new training schools throughout Great Britain using the Nightingale principles. One reason they may have been more successful than the regular probationers was that, until 1870, education was not compulsory for all children which resulted in a significant gap between the education of the middle-class women and that of

¹"Probationer Contract," Nightingale Fund Council, 1862, GLRO.

²Nightingale to Henry Bonham Carter, 1 February 1875, BL.

³Florence Nightingale to Dr. William Farr, October 1866, Wellcome.

lower-class women. Nurses from the middle class also had more social graces that enhanced their ability to work with others in a management position.

Post-Training Supervision of Graduates

The required years (or one year, for a lady probationer) of service that a probationer worked after her one year of training proved invaluable for changing the image of nurses and nursing in the 1800s. Because the graduates were still paid by the Nightingale Fund, the superintendent regularly visited the various hospitals they worked in, monitoring their treatment and working conditions. Ultimately, society believed that Miss Nightingale and the Nightingale Fund improved patient care and working conditions in hospitals in Great Britain.¹

Character Development Part of Curriculum

The idea of developing the nurse's character was unique to the Nightingale system, and the Nightingale Home helped in achieving this ideal. Florence did not want the reputation of her nurses to be associated with that of the "Sairy Gamps" of that period. She wanted these nurses recognized as trained professionals with irreproachable characters.

Florence believed that the student both in her curriculum and in her social life needed evaluation. She asserted that a good woman and a good nurse were synonymous. She outlined the attributes of a moral nurse in *Duties of a Probationer*: "You are required to be Sober, honest, trustworthy, punctual, quiet & orderly, cleanly & neat, patient, cheerful &

¹Baly, *Florence Nightingale*, 2nd ed., 45-8.

kindly.”¹ The house mother and associates of the Nightingale Home and the ward sisters in the hospital monitored these attributes.

The ward sisters graded the probationers’ personal character on a monthly basis. They used a check sheet that evaluated a probationer’s patience, honesty, punctuality, sobriety, trustworthiness, neatness, cleanliness, cheerfulness, and kindness. Florence regularly reviewed these check sheets along with the probationer’s diaries. She often wrote comments or concerns with a red pencil in the margins. In a letter from Mrs. Wardroper to Florence she wrote, “I am glad you think well of the diaries and case-books. Your observations are very encouraging to us all, your criticisms are valuable lessons.”² In a note to Harry Vernay, Florence’s brother-in-law who worked closely with the Nightingale Fund, she wrote, “Another thing that I am anxious for them not to know is that I see their diaries.”³ This demonstrates the power that she held with both the Nightingale Council and the matron of the school.

Nightingale envisioned the importance of the nurse’s home in the training of the probationers. Being a place to sleep and keep one’s belongings was not the only function of the home; Nightingale visualized it as also a place of character molding. The matron and her associates were to be instrumental in shaping the character of the probationers.

¹Nightingale, “Duties of a Probationer,” 1860, BL.

²Sarah Wardroper to Florence Nightingale, 25 February 1863, BL.

³Florence Nightingale to Harry Vernay, 16 September 1867, BL.

Probationers' Daily Schedules

The probationers, who either were on the day shift or had special night duty, had very little time allocated for this shaping to occur. Those who had day duty started their morning at six o'clock and retired at ten o'clock, six days a week. During this time they had four hours allocated for meals and tea; ten hours for ward duty; and one and one-half hours for exercise. Twice a week the probationers had one-and-a-half to two hours allocated for reading and improvement, supervised by the sisters. The sisters were also to provide a weekly music class and Bible class in this schedule. Prayers that were read in the hospital wards in the morning and in the dormitory during the evening were required for the probationers' spiritual lives. On Sundays all probationers were expected to attend the morning and afternoon Divine Services.¹

Those probationers on special night duty were on the wards between ten o'clock at night and seven o'clock in the morning. After they had breakfast at seven o'clock, they returned to the wards for two more hours of duty. Their schedule mandated two hours of exercise and seven hours of uninterrupted sleep.² The students strictly adhered to these time tables, according to one probationer:

If the "Home Sister" comes in and finds us in the study during exercise time however, we are told to go out and get an airing and not neglect our health. . . . The Probationers' time is fully occupied but their health and comfort is cared for in

¹"Time Table for Probationer under the Nightingale Fund, Day Duty," 1860, Nightingale Training School, GLRO.

²"Time Table for Probationer under the Nightingale Fund, Special/Night Duty," 1860, Nightingale Training School, GLRO.

every respect, we are punctual *to a minute* in going to and fro from the wards, it does not matter what is in hand, the work is so arranged that when the time comes for one set [of probationers] to leave and others come in of the regular staff to take our places, we are not over worked, and all the work is not hindered.¹

Although this student felt comfortable with the schedule, it makes one question when the probationers would have any time for lectures, study, or extracurricular activities. From the time table given, they had no time to themselves except after the second religious service on Sunday. The matron discussed any changes to the schedule with Miss Nightingale before implementation.

Spiritual Components of Curriculum

The spiritual aspect is more difficult to evaluate because the school did not have a method to evaluate it, although Miss Nightingale strongly emphasized religion and service in her writings. She referred in her annual letters to the probationers, and in other correspondence to Christianity, the nurse's character, and doing God's work. She believed that nursing was a calling from God and wrote, "*I press toward* the mark for the prize of the *high calling* of God in Christ Jesus; and what higher 'calling' can we have than Nursing?"² Florence also espoused the idea that a nurse's character reflected God:

Always keep up the honors of this honorable profession. I think you may say our Heavenly Father thanks you for *what you do!* "Lift high the royal banner. It shall not suffer loss," the royal banner of nursing. It should gain through everyone of you. *It has* gained through you immensely. . . . Christ was the author of our profession. We honor Christ when we are good nurses. We dishonor Him when we are bad or

¹Laura C. Wilson to Jennie, 19 March 1876, Nightingale Training School, GLRO.

²Florence Nightingale to Nightingale Nurses, 28 May 1900, BL.

careless Nurses. We dishonor Him when we do not do our best to relieve suffering—even in the meanest creature. Kindness to sick men, women, and child[ren] come[s] in with Christ.¹

She encouraged the probationers to have personal devotions and prayer. The school required them to attend religious Sunday services and be present for daily prayers at the hospital and the weekly Bible class. Some probationers found that these aspects were important. Miss Nightingale quoted one nurse as saying that “the greatest help I ever had in life was that we were taught in our Training School always to raise our hearts to God the first thing on waking in the morning. Now it need hardly be said that we cannot make a rule for this. A rule will not teach it.”²

Practical Elements of Training

Nightingale described nursing as a secular occupation with religious and humanitarian motives.³ This demonstrated consistency with her beliefs about health. Nurse training focused on the development of the nurse's character, senses, mind, and spirit. Practical experience, theoretical instruction, moral discipline, and supervision were to be

¹Ibid.

²Florence Nightingale, “undated note,” BL.

³The word “secular” during this time was used for clergy who were not monks or who were not members of a religious order. The *Oxford English Dictionary* defines it as not being by monastic restrictions and especially not belonging to a religious order. This is consistent with Nightingale's belief. She believed nursing to be a calling from God, but the Nightingale nursing program was not bound to a specific religious order. *Oxford English Dictionary* (1987), s.v. “secular.”

an important part of the training. References to practical experience abound throughout students' diaries and letters. One probationer wrote to her friend about her duties:

My first week's work was fetching and carrying, bed making, and such like. . . . The last two weeks has been quiet and regular, and I have been promoted from bed making, poultice making, hand and face washing of helpless patients etc. the first steps in the ladder, to minor dressings, such as hot or cold water application or lotion dressings, also assisting the Dr's dressers (who are students), while they dressed the difficult cases. By and by, I will have to dress over again at night exactly what they do in the morning.¹

Evidence of practical training is also found in multiple letters between Miss Nightingale, the Fund Council, the matron, and lecturers. The first report of the Nightingale Fund described the practical aspect of the training: "The course of training given to the Probationers is almost exclusively of a practical kind, and comprehends all that a nurse is required to know, and to do, at the bedside of the sick."²

Duties of Probationers

How the curriculum evolved in the early years of the Nightingale School is unknown. One document that refers to the early curriculum is *The Duties of the Probationer*, which lists specific character attributes of the probationer and the technical skills in which the probationer was to be proficient. The *Duties* stated:

You are required to be: Sober, honest, truthful, trustworthy, punctual, quiet and orderly, cleanly and neat, patient, cheerful, and kindly.
You are expected to be skillful at:

¹Laura C. Wilson to Jeanie [unknown last name], 19 March 1876, Nightingale Training School, GLRO.

²"First Report of the Nightingale Fund Council," 1861, Nightingale Fund, GLRO.

1. In the dressing of blisters, burns, sores, wounds, and in applying fomentations, poultices, and minor dressings.
2. In the application of leeches, externally and internally.
3. In the administration of enemata for men and women.
4. In the management of trusses, and appliances in uterine complaints.
5. In the best method of friction to the body and extremities.
6. In the management of helpless patients, *i.e.*, moving, changing, personal cleanliness of, feeding, keeping warm (or cool), preventing and dressing bed sores, managing position of.
7. In bandaging, making bandages and rollers, lining of splints, &c.
8. In making the beds of the Patients, and removal of sheets whilst Patient is in bed.
9. You are required to attend at operations.
10. You are required to be competent to cook gruel, arrowroot, egg flip, puddings, drinks, for the sick.
11. To understand ventilation, or keeping the Ward fresh by night as well as by day, you are to be careful that great cleanliness is observed in all the utensils; those used for the secretions as well as those required for cooking.
12. To make strict observation of the sick in the following particulars:-
The state of secretions, expectoration, pulse, skin, appetite; intelligence, a delirium or stupor; breathing, sleep, state of wounds, eruptions, formation of matter; effect of diet, or of stimulants, and of medicines.
13. And to learn the management of convalescents.¹

The *Duties* addressed nine of Miss Nightingale's thirteen beliefs or canons about health. These included ventilation; personal cleanliness; cleanliness of rooms, bed and bedding; taking food; foods to be eaten; variety; petty management; and observation. The four canons not addressed specifically were noise, health of homes, light, and the problem of inappropriate "chattering" from both nurses and visitors.

¹Nightingale, "Duties of a Probationer," 1860, BL.

Theoretical Aspects of Curriculum

Other than the *Duties*, the theoretical aspect of the early years of the training school is vague. At the inception of the program and during the first six years no references appear in the existing sources regarding the use of textbooks or syllabi in the program. The first reference to textbooks was in 1866 when a Nightingale graduate consulted Mr. Whitfield about books that she should take to start a new training program in Liverpool. The textbooks he suggested were dictionaries and medical textbooks. He warned about being too theoretical:

Miss Jones must carefully avoid teaching her nurses too theoretically; the medical men like *practical women* nurses who *can use their hands* and are conversant with the usual medical requirements and able to give proper answers to their questions, but *they do not* care for women who enter into technicalities and use hard words which they do not know the meaning of.¹

Early references are found in letters and notes indicating that specific aspects from Nightingale's book *Notes on Nursing* were required for all students.² It is reasonable to assume that most early probationers were aware of Miss Nightingale's health beliefs. Nevertheless, an awareness of these health beliefs did not necessarily indicate that students routinely understood or implemented these beliefs, due to their varied educational levels. In comments about students, Mr. Whitfield wrote that a particular student reported the chemical lectures very carefully, and about another he wrote that the student was not

¹Richard G. Whitfield to Florence Nightingale, February 1866, BL.

²Cook, 2: 424.

educated enough to report the lectures or to keep a diary.¹ Although reports and letters refer to Mr. Whitfield giving some lectures,² the lectures were sporadic and the school had not developed a specific curriculum beyond what Nightingale listed in *The Duties of a Probationer*. Case studies and diaries were written by the students, but Florence Nightingale, in reading some of them, thought they were worthless because they only described what the probationers did and not what they learned.³ The first reference to *Notes on Nursing* being used as a text was in 1873 when the new principle lecturer, John Croft, wrote that students were to read it four times during their year of probationers' training.⁴

Rebecca Strong, who entered the program in 1867, recalled her years of training:

Very little was expected from us, as progress was slow in regard to organised teaching. Kindness, watchfulness, cleanliness, and guarding against bed-sores were well ingrained. A few stray lectures were given, one I remember especially. I think it was on the Chemistry of Life, or some such title; it caused me to get a book on the subject which I found most useful. There was a dummy on which to practise bandaging and some lessons were given; also a skeleton, and some ancient medical books, one fortunately on Anatomy for those who attempted self-education. The more enterprising pupils provided themselves with something more modern. Hobly's dictionary being a great favorite. I may say that, although Florence Nightingale had scrubbed floors and cleaned brasses at Kaiserwerth, she

¹Richard Whitfield to Florence Nightingale, 21 September 1863, Nightingale Training School, GLRO.

²"Report of the Committee of the Council for the Year Ending 24th June, 1861," Nightingale Fund, GLRO.

³Florence Nightingale, "Private Notes," 27 October 1877, Nightingale Training School, GLRO.

⁴John Croft, "Syllabus," 1873, Nightingale Training School, GLRO.

did not ask this of her pupils; the whole time on duty was given to the patients. The directions on medicine bottles were given in Latin, therefore some Latin abbreviations had to be learned, which was not difficult. Mr. Whitfield, the principal Resident Medical Officer, took a great interest in the pupils, and would occasionally ask for notes to be taken of some particular case, and from that would point out mistakes and omissions, which was excellent teaching. Temperature-taking and chart keeping were medical students' work; but from that time it gradually became the work of the nurses.¹

Nightingale's Health Beliefs Incorporated in Curriculum

A more comprehensive use of Miss Nightingale's health beliefs in the curriculum appeared in 1872. Mr. Whitfield was released due to his ineptness in giving lectures and Mr. John Croft became the primary lecturer. The sisters continued to use the check sheets in the clinical area to assess each probationer's status. During this time Mr. Croft developed a course syllabus for the probationers. In the first month of the program he gave lectures which covered areas of Miss Nightingale's health beliefs. These included the definition of nursing, duties of a nurse, observation of the sick, ventilation, cleanliness (including personal cleanliness), feeding of the sick, food, and moving the sick. Mr. Croft required competency. Documentation exists that he gave examinations on what he taught.² During this year of training the probationers were also required to read *Notes on Nursing* four times.

Nightingale was concerned that nurses might become too theoretical, disregarding the clinical or practical aspects of nursing. Mr. Croft's method of teaching delighted Miss

²Rebecca Strong, "Reminiscences," 1935, Nightingale Training School, GLRO.

¹Croft, "Syllabus," 1873.

Nightingale because he linked the theory and clinical work. He started clinical lectures for the Training School. During these lectures, the probationers would be on a ward. He would ask them questions about specific diseases and how they would manage the patient. Florence wrote in a letter to the Nightingale Fund that she supported this method of teaching and requested that the probationers have two afternoons a week off for lessons.¹

Development of a Nursing Text for Probationers

In 1879, Mrs. Wardroper and Miss Nightingale developed *A Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers*, which was more specific than the earlier *Duties of Probationers*. Included were eleven instructional areas that the sister was responsible for teaching the probationers. Although it did not give details, the document stated what she should teach each probationer besides those items already listed on the previous *Duties*. These instructional areas encompassed Miss Nightingale's health beliefs on cleanliness, bedding, ventilation, nutrition, observation, and care of the convalescent patient, which included her beliefs about variety and noise.² This was the beginning of the first text for probationers utilized in the Nightingale Training School for Nurses.

¹Florence Nightingale to Henry Bonham Carter, 16 February 1873, BL.

²Sarah Wardroper, "Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers, Sent to Florence Nightingale for Her Comments and Editing," 28 March 1879, BL.

The Curriculum Stabilizes

The curriculum from 1879 to 1897 was stable; content changed very little. Mr. John Croft continued to be the principal lecturer and Miss Mary Crossland, a Nightingale nurse, was the Home sister. She had completed the Nightingale Training School and was now in charge of teaching the students in the nurses' home. Miss Nightingale was delighted with this situation, because she felt that Miss Crossland was a good role model for the students; she also believed that Miss Crossland supported her beliefs about health and nursing.¹

The extent of the incorporation of Florence Nightingale's canons regarding her health beliefs in the curriculum of the training school varied during different curricular periods. No diaries, case studies, or check sheets survive from the first ten years of the program; therefore, in evaluating the extent of incorporation, only what is found in the Register (the "Red Book," which contained records of admissions, deaths, and dismissals), correspondence, and reports are available to document the curriculum. During these ten years, Nightingale's belief about cleanliness is cited most frequently with her beliefs about ventilation, bedding, and nutrition following. Very little appears regarding her other health beliefs.

From 1872 to 1900, references to the students' understanding and using all of Florence Nightingale's health beliefs (thirteen canons) are present. During this time there is evidence of testing the probationers over some beliefs. The one consistent underlying

¹ Florence Nightingale to Henry Bonham Carter, 1 October 1882, BL.

belief, that health is directly related to the laws of God, was the foundation of the nursing school from 1860 through 1900, the period on which this research is focused.

Summary

Florence Nightingale's thirteen canons—ventilation, health of homes, light, personal cleanliness, cleanliness of rooms and walls, bed and bedding, noise, taking food, what food, variety, petty management, chattering hopes, and observation—are found in the Nightingale School at St. Thomas' Hospital. During the first ten years of the program references are found in the Register, personal correspondence, and manuscripts about ventilation, personal cleanliness, cleanliness of rooms and walls, bed and bedding, nutrition, petty management, variety, and observation. Inferences to the other canons (from correspondence between Miss Nightingale and others) support that they could have been present, but direct (primary) references related to them are not found.

From 1872 through 1900, primary references point to all thirteen of the canons in correspondence between Miss Nightingale and others, manuscripts, syllabi, the "Red Book," annual reports of the Nightingale Fund, and probationers' diaries and check sheets. During this later period, Florence monitored the school more closely although supervision of the school had not been her priority in earlier years. This closer relationship with the school may explain why her health beliefs appear more prominently in the curriculum during the later years. Through the use of her power and influence with the Nightingale Council, the public, and the administration of the Nightingale Training School for Nurses, Nightingale's beliefs were pervasive throughout the curricula.

CHAPTER 6

ELLEN G. WHITE'S HEALTH BELIEFS

Ellen G. White's health beliefs were firmly rooted in her understanding of God and spirituality. By 1863, she experienced two visions related to health, which she believed were sent by God. Within days, she began to write down what she believed God revealed to her, but did not publish it immediately. Ellen understood from these visions that she was to lead individuals to live more harmoniously with God's natural laws, but was unsure how to present her message. In the first place, what she had received in vision was vastly different from current health practices and she wanted to make sure that what she was relating would be understood by her readers; second, she was unfamiliar with medical terminology.¹ Because of her limited education, Ellen wanted to present her visions as clearly as possible and not give erroneous information but provide that which would accurately be interpreted by those who read her writings. Her first published document on health (titled "Health") later became a chapter in her book *Spiritual Gifts*, volume four, published in 1864. In 1865 she published six pamphlets titled "Health or How to Live."

¹Arthur L. White, *Ellen G. White: The Progressive Years 1862-1876*, vol. 2 (Hagerstown, MD: Review and Herald Publishing Association, 1986), 21.

Regarding health, she wrote: "The Lord has inspired me to write the very things that are essential for this time in regard to the special attention we must give to the care of the body."¹ This vision occurred at a most opportune time, when misguided medical practice was prevalent. When questioned in later years about her scientific knowledge, Ellen replied, "The why and wherefores of this I know not, but I give you the instruction as it is given me."² Her writings recorded knowledge which she believed was information God intended to be publicly communicated. The extent of her influence is virtually inexplicable apart from the recognition that her followers believed her to be inspired by God. Seventh-day Adventists describe this as thought inspiration, in which thoughts were given, which she expressed in her own words.³

Beliefs About God

Ellen believed that God was the Creator of the entire universe and that He was the source of all life. "God is the owner of the whole man. Soul, body, and spirit are His. God gave His only begotten Son for the body as well as the soul, and our entire life belongs to God, to be consecrated to His service, that through the exercise of every faculty He has

¹Ellen G. White, MS 49, 19 May 1897, Ellen G. White Estate, Berrien Springs, MI.

²Ellen G. White, *Counsels on Diet and Foods* (Washington, DC: Review and Herald Publishing Association, 1946), 347.

³Ellen G. White, *Selected Messages*, 2 vols. (Washington, DC: Review and Herald Publishing Association, 1958), 1: 21.

given, we may glorify Him,”¹ she wrote. Persons belong to God not only because he was the Creator, but also because He is the Redeemer.

As regards our responsibility and influence, we are amenable to God as deriving our life from Him. This we do not obtain from humanity, but from God only. We are His by creation and by redemption. Our very bodies are not our own, to treat as we please, to cripple by habits that lead to decay, making it impossible to render to God perfect service. Our lives and all our faculties belong to Him. . . . The words, “Ye are not your own,” “ye are bought with a price,” should be hung in memory’s hall, that we may ever recognize God’s right to our talents, our property, our influence, our individual selves.²

Individuals, Ellen believed, must keep their bodies as pure as possible since God was the owner of humanity. She wrote, “The living organism is God’s property. It belongs to him by creation and by redemption. By a misuse of any of our powers we rob God of the honor due him.”³ “We are God’s workmanship, and his word declares that we are ‘fearfully and wonderfully made’. He has prepared this wonderful habitation for the mind; it is ‘curiously wrought,’ a temple which the Lord himself has fitted up for the indwelling of the Holy Spirit.”⁴

The love of God is the central theme of Ellen White’s writings. She believed that God was not a severe unforgiving judge as portrayed by Satan, but a God of love. God

¹Ellen G. White, “Words to the Youth,” *The Youth’s Instructor*, 7 September 1893, 285.

²Ellen G. White, *Medical Ministry* (Boise, ID: Pacific Press Publishing, 1932), 275, 276.

³Ellen G. White, “Temperance in Diet,” 30 August 1896, EGW Estate.

⁴Ellen G. White, *Special Testimonies on Education* (Battle Creek, MI: The Advent Review and Sabbath Herald, 1890), 33.

revealed His love in many ways—through nature, through the struggle between good and evil, and through the sacrifice of sending His son Jesus to earth as a human being. Not only did Jesus come to save individuals from their sins, but He also revealed the light of God's love.

Ellen believed that God never leaves us alone. He loves us and is always with us.

She wrote:

When assailed by the enemy, when overwhelmed by temptation, we are to repose our faith in God; for we have his pledged word that we are never to be left to battle alone. Every soul, pardoned of sin, is precious in his sight—more precious than the whole world. It has been purchased at infinite cost, and Christ will never abandon the soul for whom He has died. The soul may leave Him, and thus be overwhelmed with temptation; but Christ can never turn from one for whom He has paid the ransom of His own life.¹

The death of Jesus on the cross is another example of the love of God. Not only did God send His son to earth to die for others, but God loved human beings so much that He wanted them to live in heaven with Him. At the second coming, Jesus would return to earth to receive those who loved and trusted Him, and take them back to heaven. Ellen's belief in the love of God for each individual, as expressed through Calvary and her belief in the second coming, were the foundation of her conviction that her mission was to help people prepare their bodies as well as their souls for the soon coming of Jesus.

¹Ellen G. White, "Words to the Young," *The Youth's Instructor*, 13 December 1894, 389.

Restoration

Ellen tied the preservation of health closely to her belief in the importance of restoring the body to God's image. To her, physical as well as spiritual restoration was part of becoming ready for the second coming of Jesus. She believed that God made the human being in His image and that God wants each one to be in the best physical and moral condition possible. A person's duty was to make physical, mental, and moral preparation for the second coming. White wrote:

It was a wonderful thing for God to create man, to make mind. He created him that every faculty might be the faculty of the divine mind. The glory of God is to be revealed in the creating of man in God's image, and in his redemption. One soul is of more value than a world. The Lord Jesus is the author of our being, and he is also the author of our redemption; and everyone who will enter the kingdom of God must develop a character that is the counterpart of the character of God. None can dwell with God in a holy heaven but those who bear his likeness. Those who are redeemed will be overcomers; they will be elevated, pure, one with Christ.¹

Ellen emphasized the need for restoration of the mental and moral powers, as well as the physical self, in order to be Christlike. Health, she believed, should be guarded as carefully as an individual's character.² She wrote that "Health is a great treasure. It is the richest possession that mortal can have."³

¹Ellen G. White, "And Shall Not God Avenge His Own Elect," *Signs of the Times*, 31 May 1896, 340.

²Ellen G. White, *Christian Temperance* (Battle Creek, MI: Good Health Publishing, 1890), 83.

³Ellen G. White, *Christian Education* (Battle Creek, MI: International Tract Society, 1893), 16.

Natural Laws

Ellen believed that since God wanted readiness for the second coming of Jesus, He, as a loving God, gave humanity specific laws to help prepare for this great event. Adherence to these laws would aid in the restoration of the body. She insisted that people needed to obey the natural laws of life, not just the moral law (Ten Commandments). She thought that God established natural laws to help individuals maintain health, and that ignorance of those laws constituted sin. She wrote:

The same power that upholds nature is working also in man. The same great laws that guide alike the star and the atom control human life. The laws that govern the heart's action, regulating the flow of the current of life to the body, are the laws of the mighty Intelligence that has the jurisdiction of the soul. From Him all life proceeds. Only in harmony with Him can be found its true sphere of action. For all the objects of His creation the condition is the same—a life sustained by receiving the life of God, a life exercised in harmony with the Creator's will. To transgress His law, physical, mental, or moral, is to place one's self out of harmony with the universe, to introduce discord, anarchy, ruin.¹

Ellen believed that those who refused to study physiology and those who neglected to observe the laws of health decreased their life span.² Throughout her writings she emphasized the importance of understanding the human system and keeping it healthy. "A practical knowledge of the science of human life is necessary in order to glorify God in our bodies."³ It was Ellen's belief that God would not work miracles to preserve health if

¹White, *Medical Ministry*, 10.

²Ellen G. White, "Put Away the Evil of Your Doings," *Signs of the Times*, 26 February 1894, 259.

³Ellen G. White, "Duty To Know Ourselves," *Health Reformer*, August 1866, 3.

individuals did not seek instruction about how their bodies functioned and try to correct their wrong habits. This could only be accomplished, she believed, with God's help. "Let the mind become intelligent, and the will be placed on the Lord's side, and there will be a wonderful improvement in the physical health. But this can never be accomplished in mere human strength."¹ God is the only restorer, whereas sickness, suffering, and death, she believed, were the work of an antagonistic power, Satan.

White contended that human beings should not treat physical life haphazardly, but that it was their duty to preserve and care for their bodies.² Ellen wrote:

It is the duty of every human being, for his own sake and for the sake of humanity, to inform himself or herself in regards to the laws of organic life, and conscientiously to obey them. . . . It is the duty of every person to become intelligent in regard to disease and its causes. You must study your Bible, in order to understand the value that the Lord places on the men whom Christ has purchased at such an infinite price. Then we should become acquainted with the laws of life, that every action of the human agent may be in perfect harmony with the laws of God. When there is so great peril in ignorance, is it not best to be wise in regard to the human habitation fitted up by our Creator, and over which he desires that we shall be faithful stewards?³

She also wrote, "In order to be fitted for translation, the people of God must know themselves. They must understand in regard to their own physical frames, that they may be

¹Ellen G. White, "Medical Missionary Work," *Medical Missionary*, November-December 1892, 216.

²Ibid.

³Ellen G. White, Unpublished Testimony, MS 54, 4 December 1896, 3, EGW Estate.

able with the psalmist to exclaim, I will praise thee, for I am fearfully and wonderfully made."¹ This was to be a combined effort, humanity and God.

The natural or physical laws to which White referred encompassed both physical and psychosocial domains. Physical laws included those related to nutrition, rest, exercise, sunshine, dress, ventilation, stimulants, and water, while those related to the psychosocial domain encompassed the mind, morals, temperance, and trust in divine power. Overlapping between the physical and psychosocial domains occurs in nearly all areas; spirituality underpins all.

White believed that these natural laws were as binding as the Ten Commandments. She wrote,

God loves his creatures with a love that is both tender and strong. He has established the laws of nature; but his laws are not arbitrary exactions. Every "thou shalt not" whether in physical or moral laws, contains or implies a promise. If it is obeyed, blessing will attend our steps; if it is disobeyed, the result is danger and unhappiness."²

Need for Reform

White consistently expressed the need for individuals to reform their health habits as a means of improving both the body and the spirit. "Wealth, honor, or learning is dearly

¹White, *Testimonies for the Church*, 1:486-87.

²Ibid., 5:201.

purchased, if it be at the loss of the vigor of health. None of these attainments can secure happiness if health is wanting.”¹ She further stated,

When we do all we can on our part to have health, then may we expect that the blessed results will follow, and we can ask God in faith to bless our efforts for the preservation of health. He will then answer our prayer, if His name can be glorified thereby; but let all understand that they have a work to do. God will not work in a miraculous manner to preserve the health of persons who are taking a sure course to make themselves sick.²

Disease

Ellen G. White consistently made the association between violation of the laws of health and disease. She wrote, “Disease is an effort of nature to free the system from conditions that result from a violation of the laws of health.”³ When the laws of health are ignored, the mind and soul became enfeebled and suffering follows. Many, she believed, did not purposefully transgress the laws but broke them through ignorance. “When attacked by disease, many will not take the trouble to search out the cause of their illness . . . so they resort to patent nostrums, of whose real properties they know little, or they apply to a physician for some remedy to counteract the result of their misdoing, but with no thought of making a change in their unhealthful habits.”⁴ Health did not come by chance

¹Ellen G. White, *Counsels on Education*, 16.

²White, *Health: Or How to Live*, 64.

³White, *Ministry of Healing*, 1.

⁴*Ibid.*, 126.

but was a result of obedience to the law; therefore, disease occurred because of not keeping natural laws.

Disease never comes without a cause. The way is prepared and disease invited, by disregard of the laws of health. . . . The greatest number, however, suffer because of their own wrong course of action. They disregard the principles of health by their habits of eating, drinking, dressing, and working.¹

She wrote, "There is a divinely appointed connection between sin and disease. . . . Sin and disease bear to each other the relationship of cause and effect."²

In writing about the beginning of disease, White stated:

Adam and Eve in Eden were noble in stature, and perfect in symmetry and beauty. They were sinless and in perfect health. What a contrast to the human race now! Beauty is gone. Perfect health is not known. Everywhere we look we see disease, deformity and imbecility. I inquired the cause of this wonderful degeneracy, and was pointed back to Eden. . . . The earth also was cursed because of their sin.

Just as Adam and Eve chose to disobey, many today cause their own health problems. "Many persons complain of Providence because of the discomfort and inconvenience which they suffer when this is the sure result of their own course." She continued, "They seem to feel that they are ill-treated of God, when they themselves are alone responsible for the ills which they endure."³

¹Ibid., 234.

²White, *Testimonies*, 5:444.

³Ellen G. White, "The Duty to Preserve Health," *Review and Herald*, 29 July 1884, 481.

Lifestyle was also a predisposing cause of disease in her views. Ellen directly related the physical, moral, and mental conditions of many youth to the habits of their parents.

The physical and mental condition of parents is perpetuated in their offspring. This is a matter that is not duly considered. Wherever the habits of the parents are contrary to physical law, the injury done to themselves will be repeated in future generations. Satan knows this very well, and he is perpetuating his work through transmission. . . . Very much depends upon the parents. It lies with them whether they will bring into the world children who will prove a blessing or a curse.¹

She related this counsel before the connection between lifestyle and disease was clearly understood.

Influence of Disease upon the Mind and Morals

In the mid-1800s the association between the body and mind was little understood.

Ellen G. White wrote that this relationship was very close.

The relation that exists between the mind and the body is very intimate. When one is affected, the other sympathizes. The condition of the mind affects the health to a far greater degree than many realize. Many of the diseases which men suffer are the result of mental depression. Grief, anxiety, discontent, remorse, guilt, distrust, all tend to break down the life forces and to invite decay and death.²

This relationship also affected the spiritual life of the individual. When physical condition deteriorated, the ability to discern between right and wrong also lessened. Ellen wrote that “Satan knows that he cannot overcome man unless he can control his will. He can do this

¹Ellen G. White, MS 1, 11 January 1897, 10, EGW Estate.

²White, *Ministry of Healing*, 241.

by deceiving man so that he will co-operate with him in transgressing the laws of nature.”¹ She also wrote: “If our physical habits are not right, our mental and moral powers cannot be strong; for great sympathy exists between the physical and the moral.”² Habits which lower the standard of physical health, enfeeble the mental and moral strength. Everything that conflicted with natural law created a diseased condition, not just of the body, but of the soul.³ Her writings continuously stressed the need for individuals to restore themselves to God’s image physically in order to approach His image spiritually.

Ellen White wrote extensively regarding eight natural remedies derived from natural law. Besides abstaining from that which was harmful, active use of these remedies both prevented disease in the healthy and restored health in the ill. These remedies, she wrote, were “pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water,” and “trust in divine power.”⁴

Cleanliness

The relationship between cleanliness and health, unquestioned today, was not well understood in the 1800s. Many men and women habitually bathed only once a year. Ellen White advocated frequent bathing. She maintained that many had never experienced the

¹White, MS 1, 11 January 1897, 10.

²White, *Testimonies*, 3:50-1.

³Ellen G. White, “Sanctification,” *Review and Herald*, 25 January 1881, 51.

⁴White, *Counsels on Diet and Foods*, 301.

beneficial effects of water and were afraid to use one of heaven's greatest blessings.¹

Within her writings she listed the benefits of bathing: increasing circulation of the blood, soothing the nerves, cleansing the skin and removing impurities, keeping the skin moist and supple, assisting respiration, giving energy and new life to the bowels, stomach, and liver,² fortifying against colds, and promoting digestion.³

White believed that frequent bathing was necessary both for the healthy and the sick,⁴ and that the use of pure soft water provided more benefits.⁵ Ellen wrote that most people should take a general bath at least twice a week and, if a person was sick, then more frequently.⁶ She also advocated a daily "sponge bath"⁷ or "hand bath"⁸ at night just before retiring or upon arising in the morning .

In Ellen's view, it was equally important to keep clothing and bed linens clean.

Many, while well, will not take the trouble to keep in a healthy condition. They neglect personal cleanliness, and are not careful to keep their clothing pure. Impurities are constantly and imperceptibly passing from the body, through the pores, and if the surface of the skin is not kept in a healthy condition, the system is

¹White, *Health: Or How to Live*, section 3, 60.

²White, *Testimonies*, 3:70.

³Ibid., 71.

⁴Ibid., 60, 70.

⁵White, *Health: Or How to Live*, section 4, 56.

⁶White, *Testimonies*, 1:702; *ibid.*, 3:70.

⁷White, *Christian Temperance*, 141.

⁸White, *Health: Or How to Live*, section 4, 63.

burdened with impure matter. If the clothing worn is not often washed, and frequently aired, it becomes filthy with impurities which are thrown off from the body by sensible and insensible perspiration. And if the garments worn are not frequently cleansed from these impurities, the pores of the skin absorb again the waste matter thrown off. The impurities of the body, if not allowed to escape are taken back into the blood and forced upon internal organs.¹

A neglect of cleanliness, Ellen insisted, promoted illness. "In regards to cleanliness," she wrote, "God requires no less of his people now than he did of ancient Israel. A neglect of cleanliness will induce disease."²

The surrounding premises of many homes also presented problems related to health. Many dumped sewage close by the house. Others allowed their animals to be kept right next to the house, and their waste products seeped into their wells. "Filth," she wrote, "is a breeder of disease."³ Many families and communities suffered from disease because they did not follow the natural laws which included cleanliness. She wrote:

A neglect of cleanliness will induce disease. Stubborn fevers and violent disease have prevailed in neighborhoods and towns that had formerly been considered healthy, and some have died while others have been left with broken constitutions to be crippled with disease for life. In many instances their own yard contained the agent of destruction, which sent forth deadly poisons into the atmosphere, to be inhaled by the family and neighborhood. . . . If a house be built where water settles around it, remaining for a time and drying away, a poisonous miasma arises and fever and ague, sore throat, lung diseases, and fevers will be the result.⁴

¹Ibid., 60.

²Ibid., 61.

³White, "The Tasmanian Camp Meeting," *The Advent Review and Sabbath Herald*, 11 February 1896, 81-2.

⁴White, *Health: Or How to Live*, section 4, 61-4.

Ellen believed that God required not only purity of heart but also personal cleanliness just as He did in ancient Israel. She wrote, “If God were so particular to enjoin cleanliness upon those journeying in the wilderness who were in the open air nearly all the time, he requires no less of us who live in ceiled houses, where impurities are more observable and have a more unhealthful influence.”¹

Water

Individuals needed water for internal cleansing as well as for external cleaning, Ellen believed. In the nineteenth century, the drinking of water was not considered essential. Drinking tea, coffee, and alcoholic beverages was more fashionable than drinking water. This may have been partially due to the prevalence of impure water before cities and states enacted sanitation laws. Nevertheless, for whatever reason, individuals did not consume water in the quantities that the body needed for optimum functioning.² Ellen White asserted that individuals needed water to cleanse the body’s tissues.³ Drinking pure water, she claimed, invigorated the vital organs, purified the blood, and helped to free the system of impurities.⁴ She wrote, “In health and in sickness, pure water is one of heaven’s choicest blessings. Its proper use promotes health. It is the beverage which God provided

¹White, *Spiritual Gifts*, 4:128.

²B. Franklin Richards, *Health* (Oakland, CA: Pacific Press Publishing Company, 1899), 79, 85-6.

³White, “The Duty to Preserve Health,” 481-2.

⁴White, *Health: Or How to Live*, section 4, 55-6.

to quench the thirst of animals and man. Drunk freely, it helps to supply the necessities of the system and assists nature to resist disease.”¹

Many believed that those who had a fever should not drink water. She disagreed.

If in their fevered state, water had been given them to drink freely, and applications had also been made externally, long days and nights of suffering would have been saved, and many precious lives spared. But thousands have died with raging fevers consuming them, until the fuel which fed the fever was burned up, the vitals consumed, and have died in the greatest agony, without being permitted to have water to allay their burning thirst. Water, which is allowed a senseless building to put out the raging elements, is not allowed human beings to put out the fire which is consuming the vitals.²

Ellen practiced what she preached, and used water freely with her own family.

When symptoms of diphtheria developed in her children in 1863, Ellen gave them copious amounts of soft water to drink, administered hot baths and cooling packs, and provided only liquids for nourishment. The results of this treatment were gratifying. When called a few days later to help care for a sick child with the same symptoms, she again used the water treatments and saw good results. Following these experiences, Ellen’s husband

¹White, *Ministry of Healing*, 237.

²White, *Health: Or How to Live*, section 3, 62.

James began to print more information about health in the *Review and Herald*¹ and other church publications.²

Air

Another component of White's health beliefs was pure air. She promoted the use of fresh air for all individuals, healthy and sick. "Air is the free blessing of heaven, calculated to electrify the whole system. . . . It must be in constant circulation to be kept pure."³ She believed that the benefits of pure air included soothing the nerves, increasing circulation, improving digestion, improving sleep, and keeping the body and mind refreshed.⁴

The lack of fresh air and sunshine, White believed, caused illness and disease. Closed windows and mustiness were common in homes and buildings of the period. People in the cities kept the windows closed and the drapes pulled to prevent smoke and pollutants of factories from entering their homes. In both the city and the country, some kept the

¹*The Review & Herald* was the official weekly periodical of the Seventh-day Adventist Church. It has been in existence since 1850 with a few variations in names: *The Advent Review* (1850), *The Advent Review and Sabbath Herald* (1851-1961), *The Review and Herald* (1961-71), and now *The Adventist Review* (1978-2000). Throughout most of these years it has commonly been referred to as the *Review*. James White, Ellen's husband, served as the editor from 1851-1855; 1861-1864; 1871-1872; 1873-1877; and 1880 until his death on August 6, 1881.

²Robinson, 73-74.

³White, *Testimonies*, 1:701-2.

⁴*Ibid.*, 701.

drapes closed in their rooms so that the sunlight might not fade their carpets and furnishings; but by doing so, harm occurred to those who later occupied the rooms, Ellen insisted. Rooms that did not receive sunlight and fresh air became damp and produced poisonous toxins that the occupants would later breathe.¹ Sleeping rooms, she emphasized, should be well ventilated; the drapes and windows should be left open several hours each day. This would allow sunlight and air to purify the room.² Ellen wrote that “all should regard light and air as among Heaven’s most precious blessings. They should not shut out these blessings as though they were enemies.”³

Ellen made specific recommendations regarding the need for fresh air. To have healthy lungs, one must have pure air. Besides keeping the sleeping area well ventilated, Ellen advocated keeping a window open slightly during the night in all seasons. She instructed those caring for the sick to take precautions so as not to chill the individual, but to ensure proper ventilation.

Every breath of vital air in the sick room is of the greatest value, although many of the sick are very ignorant on this point. They feel very much depressed, and do not know what the matter is. A draught of pure air through their room would have a happy, invigorating influence upon them. . . . The sick-room, if possible, should have a draught of air through it day and night. The draught should not come directly upon the invalid. While burning fevers are raging, there is but little danger of taking cold. . . . The sick must have pure, invigorating air. If no other way can be devised, the sick, if possible, should be removed to another room, and another bed, while the sick room, the bed, and bedding are being purified by ventilation. . . .

¹Ibid., 142.

²Ibid., 143.

³Ibid.

Fresh air will prove more beneficial to the sick than medicine, and is far more essential to them than their food.¹

Ellen also advocated spacious rooms where air could freely circulate. Most small rooms and sleeping areas had poor ventilation, which she asserted caused many problems, such as sore throats, lung diseases, and liver complaints. Harmful effects of living in close, ill-ventilated rooms, she wrote, included the system becoming weak and unhealthy; the circulation being depressed; the blood moving sluggishly through the system; and the mind becoming depressed and gloomy. These effects debilitated the whole system, therefore generating fevers and other acute diseases.²

Impure air caused problems not only in homes, but also in meeting rooms and schools. Ellen suspected that many children acquired illnesses and diseases from attending classes in poorly ventilated school rooms. The teachers kept the children confined indoors and did not allow them either fresh air, sunshine, or exercise.³ She wrote, "In order for children and youth to have health, cheerfulness, vivacity, and well-developed muscles and brains, they should be much in the open air and have well-regulated employment and amusement."⁴ Her husband, James, in an editorial for the *Review and Herald* in February of 1863, remarked that farmers knew how to take better care of their horses in the winter to

¹White, *Health: Or How to Live*, section 4, 54-9.

²White, *Testimonies*, 1:702.

³Ibid., *Testimonies*, 3:135.

⁴Ibid., 137-8.

preserve health than city men did in caring for meeting rooms. In the same editorial he referred to his and Ellen's habits regarding fresh air:

We usually sleep with two windows open at opposite sides of the room, summer and winter, and take a cold-water sponge bath in the morning; hence a healthy atmosphere, not destroyed by heat, is most congenial to our feelings. But few men have as strong lungs as we have, notwithstanding they were once broken down and weak. But few women have the strength of lungs that Mrs. White has, though she has been given over by physicians to die with consumption. Had we allowed ourselves to be smothered in close sleeping rooms, and given up to every pain and ache of the lungs, and throat, and head, and kept up a perpetual dosing with this or that medicine, we might now be silent in death, or dragging out a miserable existence, of no benefit to anyone. Air, water, and light are God's great remedies. If the people would *learn* to use these, doctors and their drugs would be in less demand.¹

Sunshine

Sunshine, another of the natural remedies and closely related to fresh air, increased mental and physical health. "Sunshine," Ellen wrote, "is one of nature's most healing agents."² She believed that every room of the house should see the healthful rays of the sunshine each day. Exposure to the sun would not only prevent mildew and mold but would also produce an invigorating influence on individuals and make them happy, joyous, and healthy.³

The effects of sunshine would also benefit those who were ill. Ellen wrote,

¹James White, "Health," *The Advent Review and Sabbath Herald*, 10 February 1863, 32.

²White, *Testimonies*, 2:527.

³Ellen G. White, "Spring Has Come," *Health Reformer*, April 1871, 228-30.

The feeble ones should press out into the sunshine as earnestly and naturally as do the shaped plants and vines. The pale and sickly grain blade that has struggled up out of the cold of early spring, puts out the natural and healthy deep green after enjoying for a few days the health and life-giving rays of the sun. Go out into the light and warmth of the glorious sun, you pale and sickly ones, and share with vegetation its life-giving, health-dealing power.¹

Exercise

Ellen White believed that individuals needed to exercise in order to be healthy. She wrote:

The human body may be compared to nicely adjusted machinery, which needs care to keep it in running order. One part should not be subjected to constant wear and pressure, while another part is rusting from inaction. While the mind is taxed, the muscles also should have their proportion of exercise.²

This did not necessarily mean gymnastic types of exercise; she advocated useful labor and walking. Individuals derived more benefit from working out of doors than from exercising indoors. Citing an example of a farmer and a mechanic, she asserted that although the two men exercised equally, the farmer was healthier because he had the advantage of fresh air and sunshine.³

¹Ellen G. White, "Beautiful May," *Health Reformer*, May 1871, 260.

²Ellen G. White, "Right Methods in Education," *Signs of the Times*, 22 August 1886, 61.

³Ibid.

The benefits derived from exercising included increasing blood circulation,¹ promoting digestion,² invigorating the mind,³ increasing vitality,⁴ strengthening the muscles,⁵ maintaining good oxygenation of the respiratory system,⁶ strengthening the liver, kidneys, and lungs,⁷ and preventing disease.⁸ Ellen promoted physical exercise and useful labor not just for the healthy but also for those who were sick.

She endorsed activity for invalids. Passive exercise, advocated by the “movement cure” at the time (where exercise assistants moved the client’s extremities through the range of motion), should only be used when a patient was too feeble to exercise, Ellen White believed. Passive exercise, she stated, did not benefit the body as well as active exercise.⁹

If invalids would recover health, they should not discontinue physical exercise; for they will thus increase muscular weakness and general debility. Bind up the arm, and permit it to remain useless, even for a few weeks, then free it from its bondage, and you will discover that it is weaker than the one you had been using

¹White, *Testimonies*, 2:525.

²Ibid., 569.

³Ibid., 413.

⁴Ibid., 529.

⁵White, *Christian Education*, 132.

⁶White, “Right Methods in Education,” 62.

⁷White, *Testimonies*, 2:533.

⁸Ibid., 3:76.

⁹Ibid., 76-78.

moderately during the same time. Inactivity produces the same effect upon the whole muscular system.¹

Ellen thought that no other exercise could take the place of walking because it exercised all the organs of the body; this was extremely helpful, especially for the diseased.² She even gave instruction about when to exercise. Walking after a meal increased digestion. Walking, even in the winter, was more beneficial to health than all the medicine that a physician might prescribe. She felt it was the “surest safeguard against colds, congestions of the brain and lungs, inflammation of the liver, the kidneys, and the lungs, and a hundred other diseases.”³

Ellen cautioned about violent exercise after eating.

Neither study nor violent exercise should be engaged in immediately after a full meal; this would be a violation of the laws of the system. Immediately after eating there is a strong draught upon the nervous energy. The brain force is called into active exercise to assist the stomach; therefore, when mind or body is taxed heavily after eating, the process of digestion is hindered. The vitality of the system, which is needed to carry on the work in one direction is called away and sent to work in another.⁴ Moderate exercise every day “will impart strength to the

muscles, which without exercise become flabby and enfeebled.”⁵ Ellen White

¹Ibid., 2:529.

²Ibid., 3:78.

³Ellen G. White, “The Dress Reform,” *Health Reformer*, September 1868, 41.

⁴White, *Testimonies*, 2:413.

⁵Ibid., 533.

strongly believed in exercise as a natural remedy that promoted health and prevented disease.

Rest

Although Ellen advocated exercise as one natural remedy, she believed equally in the remedy of rest. Many individuals made themselves ill by overworking. For these persons, she advocated rest and freedom from care for a time. "To those who are brain weary and nervous because of continual labor and close confinement, a visit to the country, where they can live a simple, carefree life, coming in close contact with the things of nature, will be most helpful. Roaming through the fields and woods, picking the flowers, listening to the songs of the birds, will do far more than any other agency toward their recovery."¹ When people misused their bodies by overworking either the mind or body, Ellen believed, they shortened their lives because they disregarded nature's laws, therefore robbing God.² Ellen supported working, but cautioned against overexertion. She wrote, "God has provided us with constitutional force, which will be needed at different periods of our life. If we recklessly exhaust this force by continual over-taxation, we shall some time be losers. Our usefulness will be lessened, if not life itself destroyed."³

¹White, *Ministry of Healing*, 236-7.

²Ellen G. White, "The Right Use of God's Gifts," *The Advent Review and Sabbath Herald*, 1 December 1896, 757-8.

³White, *Christian Temperance*, 65.

In order to preserve health, she believed individuals needed to be temperate in labor. She followed this principle for herself and her family. Throughout her writings she discussed specific situations where she and her husband took time away from intense situations, and how that rest restored their ability to deal with difficult situations at a later time and in a refreshed manner.

Rest as a remedy was not just for physical and mental exertion, but also for the organs of the body. White wrote about the need for rest of the digestive organs in particular. She believed that too many individuals did not allow enough time between meals for proper digestion of food, particularly if it were consumed late at night. She wrote, "The stomach when we lie down to rest should have its work all done, that it may enjoy rest, as well as other portions of the body. The work of digestion should not be carried on through any period of the sleeping hours."¹ Ellen White advocated temperance in everything. "In order to preserve health, temperance in all things is necessary, temperance in labor, temperance in eating and drinking."²

Diet

Ellen White dedicated many pages of her writings to the subject of diet. She believed that the initial evil of the human race was intemperance in eating and drinking.³

¹White, *Health: Or How to Live*, section 1, 57.

²Ibid.

³White, *Spiritual Gifts*, 4:131.

This began with Adam and Eve in the Garden of Eden when God surrounded them with everything to make them happy, but forbade them to eat the fruit from one tree. Eve was intemperate in her desire and she ate of the forbidden fruit. Through her influence Adam also ate. "And since the fall, intemperance in almost every form has existed. The appetite has controlled reason."¹ Appetite has caused many problems within the human race since the fall of Adam and Eve. From one of her visions, Ellen White wrote:

The wretched condition of the world at the present time has been presented before me. Since Adam's fall the race has been degenerating. Some of the reasons for the present deplorable condition of men and women, formed in the image of God were shown me. And a sense of how much must be done to arrest, even in a degree, the physical, mental, and moral decay, caused my heart to be sick and faint. God did not create the race in its present feeble condition. This state of things is not the work of Providence, but the work of man; it has been brought about by wrong habits and abuses, by violating the laws that God has made to govern man's existence. Through the temptation to indulge appetite, Adam and Eve first fell from their high, holy, and happy estate. And it is through the same temptation that the race have become enfeebled. They have permitted appetite and passion to take the throne, and to bring into subjection reason and intellect.²

The appetite, she believed, if allowed to rule would permit Satan to have a more controlling power over the mind. Therefore, individuals should not allow their appetite to control them. This principle, she believed, was important in the work of restoration.³

¹Ibid., 120.

²White, *Testimonies*, 3:139.

³Ibid., 486, 569.

The diet affects the physical and moral health of the individual. Ellen provided much instruction regarding diet. The following sections discuss Ellen's beliefs about the ideal diet, preparation of food, frequency of eating, and errors in diet.

Ideal Diet

Ellen believed that the ideal diet was the one that God provided for Adam and Eve before the fall. This diet consisted of fruits, nuts, and grains and contained all the essential nutrients needed.¹ She substantiated her teachings with scripture. When the Lord led the children of Israel into the wilderness, he did not give them flesh foods. If flesh foods were essential, she believed, God would have provided them for the children of Israel.² The physical effects of consuming flesh foods, she believed, included weakening the system,³ decreasing the quality of blood, increasing inflammation to the body,⁴ and the increasing risk of contracting diseases.⁵ Ellen believed that the practice of a diet consisting primarily of meat caused diseases such as cancer, tumors, scrofula (tuberculosis of the lymph nodes), and tuberculosis of the lungs.⁶ According to White, many animals slaughtered for meat are

¹Ellen G. White, "Practical Thoughts for the Camp Meeting," *The Advent Review and Sabbath Herald*, 8 May 1883, 289.

²Ellen G. White, "Meat Eating," 5 November 1896, 2, EGW Estate.

³Ibid.; idem, "Temperance in Diet," 5.

⁴White, *Testimonies*, 2:61.

⁵White, "Meat Eating," 4.

⁶Ellen G. White, Unpublished Testimony, MS 3, 11 January 1897, EGW Estate.

diseased. Meat-packing examiners stated that very few animals were free from disease and that they frequently found pulmonary diseases, cancers, and tumors.¹ Ellen White attributed some of the diseases to the way people cared for the animals.

There are but few animals that are free from disease. Many have been made to suffer greatly for want of light, pure air, and wholesome food. When they are fattened, they are often confined in close stables and not permitted to exercise and enjoy free circulation of air. Many are left to breathe the poison of filth which is left in barns and stables. Their lungs will not remain healthy while inhaling such impurities. Disease is conveyed to the liver, and the entire system of the animal is diseased. They are killed and prepared for market and people eat freely of this poisonous animal food. Much disease is caused in this manner. Many die of disease caused wholly by meat eating. But the people cannot be made to believe that it is the meat they have eaten which has poisoned their blood, and caused their sufferings.²

Although it seemed that some animals were healthy when they left for the processing house, Mrs. White wrote that improper treatment on the way to market caused their blood to become poisoned, and that was then transferred to those who ate the meat, producing cramps, convulsions, apoplexy, and even sudden death in some individuals.³

Disease was not limited only to mammals; fish and fowl could also be contaminated.

In many localities even fish is unwholesome for human consumption, and ought not to be used. This is especially so where the fish come in contact with the sewerage of large cities. . . . The fish that partake of the filthy sewerage of the drains may pass into water far distant from the sewerage and be caught in localities

¹Ibid.

²White, *Health: Or How to Live*, section 1, 59.

³Ibid., 59, 60.

where the water is pure and fresh; but because of the unwholesome drainage in which they have been feeding, they are not safe to eat.¹

Besides the physical effects that meat had on the body, Ellen also believed that it produced negative moral and mental consequences. These consequences included benumbing the sensibilities of the mind,² diminishing intellectual activity,³ stimulating the animal passions,⁴ and weakening the moral and spiritual nature of individuals so they do not understand God and truth. She advocated that individuals refrain from eating flesh foods and return to the diet of Eden. She wrote, “fruits, grains, and vegetables prepared in a simple way, free from spice and grease of all kinds, make with milk and cream the most healthful diet. They impart nourishment to the body, and give a power of endurance and vigor of intellect that are not produced by a stimulating [flesh foods] diet.”⁵ Although she referred to the use of milk, in later writings she suggested that because of the diseases in animals, in the future using milk might not be safe.⁶

¹Ellen G. White, “Give Us This Day Our Daily Bread,” 19 January 1895, 3, EGW Estate.

²White, *Testimonies*, 2:63.

³White, “Meat Eating,” 4.

⁴*Ibid.*

⁵White, *Testimonies*, 2:352.

⁶White, “Temperance in Diet,” 5.

Preparation of Food

Ellen White provided practical instruction of not only the food to be prepared, but also how to prepare it. She believed that food should be prepared with simplicity, in an appealing manner that would invite the appetite.¹ Throughout her writings she emphasized the need for simplicity in cooking, and bemoaned the fact that many spent hours in the kitchen laboring over the stove when they should be out in the fresh air and exercising. A simple diet did not mean poor quality and quantity but that foods were wholesome and nutritious, not containing spices and grease.²

Ellen encouraged obtaining education regarding diet and nutrition for physicians, young ladies, health reformers, and anyone who prepared meals.³

Those who can avail themselves of the advantages of properly conducted hygienic cooking-schools, will find it a great benefit, both in their own practices and in teaching others. . . . One reason why many have become discouraged in practicing health reform is that they have not learned how to cook so that proper food, simply prepared, would supply the place of the diet to which they have been accustomed.⁴

¹White, *Testimonies*, 2:63.

²White, "Meat Eating," 5 November 1896, 3, EGW Estate.

³Ellen G. White, "Words to Students," *The Youth's Instructor*, 31 May 1894, 140-141; idem, *Christian Temperance*, 119; idem, "Temperance in Diet," 3.

⁴White, *Christian Temperance*, 119.

She gave specific instruction for baking bread. Soda should not be used in bread or biscuits because it coats the stomach and causes inflammation.¹ Bread should also be cooked thoroughly and never have a sour taste,² and one should never eat hot bread because digesting it is difficult.³

Most desserts, Ellen believed, were harmful to one's health, and large quantities of milk and sugar eaten together caused fermentation in the stomach.⁴ She discouraged eating rich and complicated mixtures of food. Instead she encouraged simple foods. This did not mean that the diet was to be monotonous. She advocated that individuals eat from as large a variety as available, but that each meal should be prepared simply with a limited variety at a single meal.

Frequency of Eating

Intemperance in eating included indulging in frequent meals and snacks. Many ate their largest meal in the evening, just before going to bed. Ellen White was opposed to this. She believed that the stomach needed at least five hours between each meal consumed, with no snacks eaten between.⁵ In fact, she supported eating two meals instead

¹White, *Testimonies*, 2:547; idem, "Notes on Travel," *The Advent Review and Sabbath Herald*, 6 November 1883, 689-90.

²White, Unpublished Testimony, MS 3, 11 January 1897, 8.

³White, "Notes on Travel," 689-90.

⁴White, *Christian Temperance*, 57.

⁵White, "Temperance in Diet," 2.

of three. However, if the individual needed to eat a third meal, then it should be light and several hours before bedtime.¹

The largest meal of the day should be breakfast, with at least five hours until the next meal. This would provide the individual with the nutrition needed to start the day and with time to digest the meal properly. This was especially important so that the stomach would not have to work during the night.² White believed that appetite and health would improve if enough time were allowed for proper digestion to occur.³

Errors in Eating

Ellen White addressed common dietary errors in her writings. These included eating between meals, overeating, drinking liquids with meals, using condiments and spices, and eating rich foods. However, in partaking of any food, one should cast aside the worries of the day, thank the Lord for all of His blessings, and be cheerful throughout the meal. These attributes, along with taking time and not eating hastily, set the right atmosphere for digestion to commence properly.

Although concerned with eating properly, Ellen White believed that dietary changes should be introduced gradually as the system could become accustomed to the

¹White, *Christian Temperance*, 58.

²White, *Health: Or How to Live*, section 1, 55.

³White, "The Duty to Preserve Health," 482.

changes.¹ Health reformers during this time provoked fears in many concerning the foods that they could or could not eat. This confused those who tried to follow their directions. She wrote, “Some health reformers are constantly worrying for fear their food, however simple and healthful, will hurt them. To these let me say, Do not think that your food is going to hurt you, but when you have eaten according to your best judgment, and have asked the Lord to bless the food, believe that he has heard your prayer, and be at rest.”² Although she advocated healthful food and provided instruction against various errors, she wanted individuals to choose the best foods available in their circumstances and not be anxious about their diet.

One common dietary error was eating between meals, which she believed violated nature’s law. Ellen wrote that food taken into the stomach between meals detrimentally influenced the digestive system. Individuals should only eat at mealtime, she maintained, and if hungry between meals should not partake of any food, not even a piece of fruit, but instead should drink a glass of water.³

Overeating was another common error. Ellen considered overeating intemperate and a transgression of nature’s laws.⁴ Overeating affected more than the digestive

¹White, *Testimonies*, 2:63.

²Ellen G. White, *Gospel Workers* (Washington DC: Review & Herald, 1915), 174.

³Ellen G. White, “Power of Appetite,” *Health Reformer*, August 1875, 232; idem, *Testimonies*, 4:502.

⁴White, “Temperance in Diet,” 5.

system—it benumbed and weakened the vitality of the brain; clogged the circulatory system; burdened the liver; caused indigestion, headache, and colic; and produced a morbid condition of the entire system.¹ Also if the digestive system was unable to metabolize the excess appropriately, it became a decaying mass and caused bad breath and a sour taste in the mouth.²

Overeating did not just consist of the total amount of food eaten, but also of specifics, such as the use of extra cream, butter, and desserts. Ellen taught that it would be a blessing if people dispensed with the extras they provided for dessert, because most of the time the stomach has received all the nourishment that it needed before it was time for dessert.³

In providing instruction about overeating, White asserted that individuals should not just look at it from a physical standpoint, but also from a religious and moral view.

We are to be temperate in all things, because an incorruptible crown, a heavenly treasure, is before us. And now I wish to say to my brethren and sisters, I would have moral courage to take my position and govern myself. You eat too much, and then you are sorry, and so you keep thinking upon what you eat and drink. Just eat that which is for the best, and go right away, feeling clear in the sight of Heaven, and not having remorse of conscience.⁴

¹White, *Testimonies*, 2:364, 412, 490.

²White, “Temperance in Diet,” 6.

³Ibid.

⁴White, *Testimonies*, 3:374.

Throughout Ellen White's counsel, the purpose for her instruction was not only to improve the physical and moral conditions of individuals, but also to elevate their spirituality.

To keep the body healthy, Ellen discouraged drinking liquids at meals because it delayed absorption of the food. Drinking with meals also decreased the amount of saliva produced which also hindered digestion. If the thirst needed to be quenched, she advocated drinking water either before or after meals, not during them.¹ She also discouraged a complete liquid diet, which was the practice of many individuals at that time. This again, she felt, caused digestive problems.²

Ellen White strongly discouraged the use of condiments and spices. Again she believed these were harmful to the body. The cook, in preparing the food, should use only wholesome food, free from every irritating substance. The detrimental effects of the use of condiments and spices included irritating and inflaming the coating of the stomach, increasing nervousness, creating thirst which water does not quench, contaminating the blood, weakening the digestive system, and weakening the moral and intellectual powers of the individual.³ Many people complained that they were unable to eat food without spicing it, but she instructed them that, if they could not enjoy plain food, then they should fast

¹White, "The Duty to Preserve Health," 481.

²White, *Testimonies*, 3:74; idem, Unpublished Testimony, MS 44, 29 October 1894, EGW Estate; idem, Unpublished Testimony, MS 3, 11 January 1897, EGW Estate.

³White, "Notes on Travel," 689-90; idem, Unpublished Testimony, MS 30, 5 November 1896, EGW Estate; idem, *Christian Temperance*, 47; and idem, *Spiritual Gifts*, 4:130.

until they could. This fasting, she believed, was better than medication because not only would the stomach rest, but fasting would produce a hunger so the individual would relish the taste of natural wholesome food.¹

Stimulants

The use of alcohol, tobacco, tea, and coffee was common in the nineteenth century. Ellen White believed that the use of these stimulants undermined the individual's constitution and caused a deadening effect on the brain, thus making it impossible to discern spiritual things.² Anything that desensitized an individual against being able to understand spiritual things she considered unhealthy. In order to be restored to God's image, one should be in the best health possible. The use of stimulants also resulted in loss of physical strength.³ The excitement that occurred after ingestion was followed by depression of the nervous system.⁴ She wrote:

It enters the circulation and gradually impairs the energy of body and mind. It stimulates, excites, and quickens the motion of the living machinery forcing it to unnatural action and thus gives the tea drinker the impression that it is doing him great service, imparting to him strength. . . . When its influence is gone and the increased action caused by its use is abated, languor and debility occur. When the system is already overtaxed and needs rest, tea spurs up nature by stimulation to perform unwanted, unnatural action and thereby lessens her power to perform and

¹White, *Spiritual Gifts*, 4:130.

²White, *Testimonies*, 1:549.

³Ibid., 4:214.

⁴Ibid., 3:487.

her ability to endure—her powers give out long before Heaven designed that they should. Christians should let it alone.¹

Other effects of tea included headaches, wakefulness, palpitation of the heart, indigestion, and trembling of the nerves. Sallowiness of the skin and a decrease in the normal healthy glow of the skin, she believed, were side effects from drinking tea and coffee.² Since neither tea nor coffee had nutritive value, Ellen counseled against using either one.

Another stimulant she cautioned against was tobacco. In her first vision related to health, God showed tobacco to be detrimental. She described tobacco as a poison that worked insidiously. Of all the habits to break, she believed that this was the hardest. Tobacco in any form affected the brain, heart, liver, and lungs.³

Not only did the use of tobacco affect the person using it, but White wrote about the effects of secondary smoke. “It is unpleasant if not dangerous to remain in a railroad car or in a crowded room that is not thoroughly ventilated, where the atmosphere is impregnated with the properties of liquor and tobacco. The occupants give evidence by the breath and emanations from the body that the system is filled with poison.”⁴ She also counseled against infants sleeping in beds with fathers who used tobacco. The infants, she

¹Ibid.

²Ibid.

³Ellen G. White, “Home Duties of Father,” *Health Reformer*, September 1877, 266-8.

⁴White, *Testimonies*, 3:562.

believed, inhaled the poisonous tobacco fumes, which the father expelled from his lungs and the pores of his skin. These noxious fumes diseased the infant. She wrote, "While it acts upon some as a slow poison and affects the brain, heart, liver, and lungs and they waste away and fade gradually, upon others it has a more direct influence causing spasm, paralysis, and sudden death."¹ The parents, she believed, did not realize that they were the ones who caused the infants' problems.

Alcoholic beverages were other stimulants that Ellen White provided counsel against. She believed that alcohol causes diseases of various types (such as dropsy, liver complaints, trembling nerves, and dyspepsia), desensitizes the mind,² and weakens moral powers.³ Alcoholic beverages included wine, liquor, and hard cider. The physical effects these beverages had on the body were not the only harm that they caused. Crimes and accidents were closely associated with drunkenness. In 1894, Ellen White wrote that nine-tenths of those in prison had problems with liquor.⁴ The only cure that she saw for the liquor habit was God. She wrote:

The word of God has denounced it: no drunkard shall enter the kingdom of God. What would you recommend to cure such an appetite? You would not say, "You

¹Ellen G. White, "Treatment of Infant Children," *Health Reformer*, January 1872, 27.

²Ellen G. White, "May Christians Manufacture Wine and Cider?" *The Advent Review and Sabbath Herald*, 25 March 1884, 193-4.

³White, *Testimonies*, 4:30-1.

⁴Ellen G. White, "The Liquor Traffic Working Counter to Christ," *The Advent Review and Sabbath Herald*, 8 May 1894, 27-34.

may use strong drink moderately. Continue within bounds, but never indulge to excess.” You would rather say, “There is no such thing as helping you unless you co-operate fully with my efforts, and sign the pledge of total abstinence.” You have by indulgence made your habit second nature, and it cannot be controlled unless the moral power shall be aroused, and you look unto Jesus, trusting in the grace he shall give to overcome this unnatural craving. . . . Your self-indulgence is not only a moral sin, but it has become a physical disease. You are not your own you are God’s property. Keep your body in a healthy condition to do his will; keep your intellect clear and active to think candidly and critically, and to control all your powers.¹

The only safe course, she asserted, was not to touch, taste, or handle tea, coffee, tobacco, alcoholic drinks, or drugs.

Many drugs, such as opium and laudanum, prescribed or readily available in the nineteenth century are now illegal. Ellen White believed that these types of drugs never cured disease but only changed the form and location. She felt that most were poisonous. “More,” she wrote, “die from the use of drugs than all who would have died of disease had nature been left to do her own work.”² She advocated these beliefs for those taking care of the ill, including not only those who cared for them at home, but also those who cared for them in health care institutions, such as the Battle Creek Sanitarium.

White asserted, in 1896, that Seventh-day Adventist health-care institutions, such as the Battle Creek Sanitarium, treated the sick by hygienic methods, discarding almost entirely the use of drugs. She felt that those who handed out drugs indiscriminately would have to account to God for their behavior. Sanitariums were places where natural remedies

¹Ellen G. White, Unpublished Testimony, MS 27, 12 October 1896, 4, EGW Estate.

²White, *Health: Or How to Live*, section 3, 61.

could cure diseases and where those in charge could teach people how to treat themselves, which included eating wholesome foods and avoiding narcotics, tea, coffee, alcoholic beverages, tobacco, and stimulants of all kinds.¹ Many, she believed, resorted to the prescription and use of drugs because giving drugs was easier than employing the natural remedies.² It was the work of the physicians, nurses, and all who came in contact with the patients to educate them. Ellen White believed that this education should include not only the etiology of the disease or malady, but also the natural treatment necessary to control it and the health measures necessary for prevention of further problems.

Dress Reform

Fashion and reform in women's dress was a current topic in Ellen's day. It had been in the headlines since the introduction of blousy culottes, invented by Amelia Bloomer in the mid-nineteenth century. Although a number of women reformers adopted bloomers in the 1850s, few others wore them because of the adverse reactions they received from the public.³ Although Ellen White did not advocate bloomers, she did agree with some of the dress reform supported by several leaders of the women's rights movement. This support included objecting to the length and weight of the skirts and

¹Ellen G. White, Unpublished Testimony, MS 54, 4 December 1896, EGW Estate.

²White, *Christian Temperance*, 121.

³Christine Stansell, "The Road From Seneca Falls," *The New Republic* 219 (10 August 1998):32.

dressess worn by women. The heaviness and drag of the long skirts and their length made them impossible to keep clean because they dragged on the ground.

Women's fashion advocated the use of corsets. Ellen believed that the use of these prevented proper breathing and caused physical deformities in some women.¹ She advocated simplicity, comfort, and cleanliness in dress.

She did not advocate any particular type of dress, but outlined specific criteria: the dress should be loose enough around the waist not to impede breathing; the arms should be loose enough that the woman could raise her arms over her head with ease;² the weight of the skirt should not be heavy and pull on the hips;³ and the length should be one or two inches above the floor so the hems could be kept clean. A dress following these criteria did not carry excessive weight and was no hindrance when walking.⁴ She also advocated keeping the extremities (arms and legs) covered.

Dress should not be extravagant, but simple. Simple did not imply poor quality, but meant that it should be neat, appropriate, tasteful in color, and becoming to the individual. She believed that individuals' words and actions, as well as the way that they dressed, were living sermons:

¹White, *Testimonies*, 4:635.

²White, *Christian Temperance*, 88.

³Ibid., 89.

⁴White, *Testimonies*, 1:459.

Christians should not take pains to make themselves a gazing-stock by dressing differently from the world. But if, when following out their convictions of duty in respect to dressing modestly and healthfully, they find themselves out of fashion, they should not change their dress in order to be like the world; but they should manifest a noble independence and moral courage to be right, if all the world differ from them. If the world introduces a modest, convenient, and healthful mode of dress, which is in accordance with the Bible, it will not change our relation to God or to the world to adopt such a style of dress. Christians should follow Christ and make their dress conform to God's word. They should shun extremes.¹

Health Beliefs Related to the Mind

Ellen White was concerned with the health of the whole person, not just physical maladies, but also mental and spiritual problems. Health, she believed, was dependent on the relationship between the mind, the body, and spirituality.² At creation the human being “was created with a perfectly balanced mind. . . . Every quality of mind was well proportioned, each having a distinctive office, and yet all dependent one upon another for the full and proper use of any one of them.”³ Sin caused not only physical maladies but also mental illnesses; therefore the mind, just as the body, needed to be restored to God's image. The mind, she believed, was the capital of the body. “All of our actions, good or bad, have their source in the mind. It is the mind that worships God and allies us to

¹White, *Testimonies*, 1:458.

²For Ellen G. White's beliefs about the mind, see *Mind, Character, & Personality: Guidelines to Mental and Spiritual Health*, 2 vols. (Nashville, TN: Southern Publishing Association, 1977).

³White, *Testimonies*, 3:72.

heavenly beings.”¹ Ellen’s belief in the need to prepare for the second coming of Jesus included restoration of the body, mind, and soul.

Because of her beliefs about the close connection between the body and mind, many of White’s remedies were related to keeping the mind healthy. In fact, Ellen provided counsel regarding psychosomatic illness long before the concept gained wide public acceptance. She believed that in the treatment of the sick one should remember to assess the mental condition because of its importance in combating disease.² In 1885 she wrote: “Sickness of the mind prevails everywhere. Nine tenths of the diseases from which men suffer have their foundation here.”³

Ellen White attributed most of the diseases to intemperance. In addition to the importance of teaching individuals about the need for understanding health in relation to their bodies, minds, and spirituality, she provided instructions to assist individuals in their struggles to decrease disabilities related to the mind.

One area cited as a primary cause of mental debility was the appetite. She taught that when a person overate, ate between meals, or ate an improper diet, the digestive organs had no time to rest, therefore causing nervousness, impatience, and irritability.⁴ Indulgence of appetite, she wrote, “is the greatest cause of physical and mental debility and lies at the

¹White, *Fundamentals of Education*, 426.

²White, *Ministry of Healing*, 241.

³White, *Testimonies*, 5:444.

⁴White, *Counsels on Diet and Foods*, 181.

foundation of feebleness which is apparent everywhere.”¹ She observed that appetite also affected one’s disposition. Many times those who had sour stomachs often had sour dispositions. “Everything seems to be contrary to them, and they are inclined to be peevish and irritable. If we would have peace among ourselves, we should give more thought than we do to having a peaceful stomach.”²

Another area Mrs. White closely associated with mental problems was physical inactivity. She believed that idleness weakened brain power. “The reason the youth have so little strength of brain and muscle is because they do so little in the line of useful labor.”³ Manual labor, she believed, renewed the body and relaxed the mind. She advocated exercise for all because it prevented the mind from becoming overworked. This included the youth, ministers, and physicians. The advantages of physical labor, she emphasized, balanced an individual and kept the mind from being overworked. She wrote, “Without such exercise the mind cannot be in working order. It cannot put forth the sharp, quick action that will give scope to its powers. It becomes inactive.”⁴

Ellen advocated the need for mental activity, teaching that it not only improved physical health but also strengthened the mind and soul. She stressed the need for scholarly learning and also for “heart education”:

¹White, *Testimonies*, 3:487.

²White, *Counsels on Diet and Foods*, 112.

³White, *Testimonies*, 4:96.

⁴Ellen G. White, Letter 103, 1900, EGW Estate.

What we need is knowledge that will strengthen mind and soul, that will make us better men and women. Heart education is of far more importance than mere book learning. It is well, even essential, to have a knowledge of the world in which we live; but if we leave eternity out of our reckoning, we shall make a failure from which we can never recover.¹

She viewed intelligence as important, but only if the will were on the Lord's side.

Obedience to God's laws could make a wonderful improvement not only in physical health, but also in mental health.²

A time of rest was important to ensure peace of mind. Ellen wrote about the need for mothers to have time for themselves, time to read, time to keep well informed, and time to be a companion for their husbands, not just time to do household duties.³ She also emphasized the need for men, women, students, and children to have times for recreation. Individuals needed a break from their regular routine.⁴ Not only was rest important but people needed diversions from their routine activities. These diversions helped individuals in restoration of mind and body.

The atmosphere in which one lived also affected the health of the mind. In counsel given to parents, White advocated a home atmosphere of cheerfulness, courtesy, and love.

¹White, *Ministry of Healing*, 450.

²Ellen G. White, *Counsels on Health* (Mountain View, CA: Pacific Press Publishing Association, 1923), 505.

³White, *Ministry of Healing*, 368-9.

⁴White, *Testimonies*, 4:264-70, 652-3.

A home where love dwells and where it finds expression in looks, in words, in acts, is a place where angels delight to dwell. . . . Manifest a kindly, forbearing spirit, and encourage the same in your children, cultivating all those graces that will brighten the home life. The atmosphere thus created will be to the children what air and sunshine are to the vegetable world, promoting health and vigor of mind and body.¹

Ellen also addressed the concept of hypochondria. She asserted that many individuals' suffering originated only in their imagination. Many, she believed, were lifelong invalids only because they thought themselves to be, and that many died of imaginary diseases.² In 1871, Ellen White wrote,

In journeying I have met many who were really sufferers through their imaginations. They lacked willpower to rise above and combat disease of the body and mind; and therefore, they were held in suffering bodies. . . . I frequently turn from the bedside of these self-made invalids, saying to myself, Dying by inches, dying of indolence, a disease which no one but themselves can cure.³

Ellen counseled these individuals to control their minds and think positively. The only true remedy for any health problem, she believed, was God. "Our Saviour's words, 'Come unto Me, . . . and I will give you rest' (Matthew 11:28), are a prescription for the healing of physical, mental, and spiritual ills. . . . In Him they may find help. He will do great things for those who trust in Him."⁴

¹White, *Counsels to Parents, Teachers, and Students*, 115.

²White, *Ministry of Healing*, 241.

³White, *Medical Ministry*, 106-7.

⁴White, *Ministry of Healing*, 115.

Trust in Divine Power

Trust in God tied all of Ellen White's health beliefs together; for she emphasized that to have health, one must love and trust God. "The influence of the Spirit of God," she wrote, "is the very best medicine for disease. Heaven is all health; and the more deeply heavenly influences are realized, the more sure will be the recovery of the invalid."¹

Godliness did not conflict with the laws of health, but harmonized with them. Many in the mid-to-late nineteenth century related disease to God's will. If someone became sick, it was the will of God. A person who gave credence to trust in God as a therapeutic agent in promoting health was considered a fanatic. Research now confirms the power of belief in God in the restoration of health,² but it was seriously questioned in Ellen White's time. Although in the minority, Ellen believed in the restorative power of God and knew that He was the answer to relief from suffering. "Many are suffering from maladies . . . and they will find no relief until they shall come to Christ, the wellspring of life. . . . Satisfying joys will give vigor to the mind, and health and vital energy to the body."³ Throughout her writings she indicated the critical need for God in restoration. In a 1903 speech given to

¹White, *Counsels on Health*, 28.

²For more information, see Barbara Barnum, *Spirituality in Nursing* (New York: Springer Publishing, 1996); Roger Fallot, *Spirituality and Religion in Recovery from Mental Illness* (San Francisco: Jossey Press, 1998); Judy Harrision and Philip Burnard, *Spirituality and Nursing Practice* (Brookfield, VT: Avebury, 1993); and Mary O'Brien, *Spirituality in Nursing* (Sudbury, MA: Jones and Bartlett, 1999).

³White, *Testimonies*, 4:579.

patients at St. Helena Sanitarium, in California, she correlated religion with restoration of health:

Christ is our Great Physician. Many men and women come to this medical institution with the hope of receiving treatment that will prolong their lives. They take considerable pains to come here. Why cannot everyone who comes to the sanitarium for physical health come to Christ for spiritual help? Why cannot you, my brother, my sister, entertain the hope that if you accept Christ He will add His blessing to the agencies employed for your restoration to health?¹

God, she believed, does not want us to carry our burdens alone. He wants to help us. But in order for this to occur, we must have a relationship with Him—one in which we love and trust Him and do what He desires. “The consciousness of right doing is the best medicine for diseased bodies and minds. The special blessing of God resting upon the receiver is health and strength. A person whose mind is quiet and satisfied in God is in the pathway to health.”²

The health-care provider also had a part in assisting patients with spirituality. It was as important to share the good news about Jesus Christ with the patient as it was to provide medical care. In writing about the responsibilities of the physician, Ellen White penned:

The physician needs more than human wisdom and power that he may know how to minister to the many perplexing cases of disease of the mind and heart with which he is called to deal. If he is ignorant of the power of divine grace, he cannot help the afflicted one, but will aggravate the difficulty; but if he has a firm hold upon God, he will be able to help the diseased, distracted mind. He will be able to

¹Ellen G. White, MS 80, 1903, 1, EGW Estate.

²White, *Testimonies*, 1:502.

point his patients to Christ and teach them to carry all their cares and perplexities to the great Burden Bearer.¹

Nurses were also intended as instruments through which this was to be accomplished.

The Lord wants wise men and women, acting in the capacity of nurses, to comfort and help the sick and suffering. Through the ministration of these nurses, those who have heretofore taken no interest in religious things will be led to ask, "what must I do to be saved." The sick will be led to Christ by the patient attention of nurses who anticipate their wants and who bow in prayer and ask the Great Medical Missionary to look with compassion upon the sufferer, and to let the soothing influence of His grace be felt, and His restoring power to be exercised.²

It was White's belief that the nurses were not only to care for the patients and teach them how to live healthfully, but also to point them to the Master Healer.

Summary

Ellen G. White's beliefs about health, consistent with her beliefs regarding religion and spirituality, encompassed the whole being: physical, psychosocial, and spiritual aspects. She affirmed the value of selflessness and love for each person, and counseled many regarding physical, mental, moral, and spiritual problems.

At the time of writing, Ellen White's natural remedies of water, fresh air, sunshine, rest, nutrition, temperance, exercise, and trust in a divine power were not in accord with popular concepts of treatment. All of these concepts today have scientific support. Her health beliefs, rooted in her religion, created a theoretical foundation that addressed a

¹Ibid., 5:444.

²Ellen G. White, "An Appeal: An Open Letter," *The Advent Review and Sabbath Herald*, 12 January 1905, 9.

balance of physical, mental, social, and spiritual aspects of individuals. Her goal of health and restoration of human beings was predicated on her belief that one needed to be ready for the second coming of Jesus.

CHAPTER 7

THE INCORPORATION OF ELLEN G. WHITE'S HEALTH BELIEFS IN THE CURRICULUM OF BATTLE CREEK SANITARIUM SCHOOL OF NURSING

Establishing the Battle Creek Sanitarium School of Nursing

The Western Health Reform Institute, later known as the Battle Creek Sanitarium, had been operating for more than ten years when John Harvey Kellogg, MD, joined the Institute as the director. Doctor Kellogg's interest lay not only in healing individuals, but also in teaching them. This interest extended to the community when he started a hygienic course in October 1877. This program included some nursing classes and was the precursor to the school of nursing.¹

Doctor Kate Lindsay was also interested in the formation of a nursing program. She had a desire to help the sick. At the age of twenty-five, without any advanced formal education, Kate Lindsey started working at Western Health Reform Institute to help care for the sick. While there she recognized that she needed more training and enrolled in a nursing program in New York.² She returned to Battle Creek in the fall of 1869 and

¹Ward Adams, "History of Battle Creek College," Battle Creek College/Sanitarium Collection, Battle Creek Historical Society, Battle Creek, Michigan, 7.

²Mark Bovee, "Kate Lindsay," *Battle Creek Enquirer & News*, 21 September 1922, 4.

realized there was a need for advanced training in nursing. After much deliberation, she decided instead to enroll in medical school at the University of Michigan. Upon graduation, Dr. Lindsey returned to the Battle Creek Sanitarium to begin medical practice. She urged the beginning of an official training school for nurses. This program was to include not only the health beliefs of Ellen G. White, but also all branches of practical and theoretical study necessary to qualify competent persons to become professional nurses.¹ Although Dr. Kellogg was enthusiastic about education, Kate Lindsey, MD, was the one who persisted in efforts to establish an official school of nursing.

The official nurse training program at the Battle Creek Sanitarium began in April of 1883, the second formal nursing program in Michigan (Harper Hospital in Detroit had started its nurse training program two months earlier). By the end of 1883, there were fifteen schools of nursing in the United States, with the majority in New England, New York, and Pennsylvania. The school furthest west was the Illinois Training School at Cook County Hospital in Chicago.²

Relationship of Sanitarium School of Nursing to Battle Creek Sanitarium

Unlike the Saint Thomas Hospital and the Nightingale School of Nursing, a close relationship existed between the Battle Creek Sanitarium and the Sanitarium School of

¹Ellen G. White, "Christian Work," *The Advent Review and Sabbath Herald*, 24 April 1883, 257.

² Stewart, *The Education of Nurses*, 128.

Nursing. Dr. Kellogg was appointed director of the Sanitarium in 1876. His initial appointment included just the Sanitarium; but as programs developed, he became the chief executive over them all, including the nursing program. Although all programs had rules and regulations specific to themselves, they came under the umbrella of the Battle Creek Sanitarium and were required to follow the same principles. In 1885, Dr. Kellogg wrote about the principles of the Sanitarium and School.

We recognize God as the originator and founder of the institution and the work represented by it; we see His guiding and protecting hand in its history and acknowledge our responsibility to him as the head and director of the world. The sanitarium and the various enterprises connected with it, have been planted by Divine Providence for the work of the gospel, including the representation and promulgation of important reforms in relation to diet, dress, temperance, and other matters pertaining to the healthful care of the body. One of the essential features of the work of the Sanitarium is the training of its workers for all kinds of practical missionary work. Therefore it is evident that when a person's course of life is such as to show plainly that he does not possess a true missionary spirit, he is by this fact excluded from the work, and can no longer be consistently regarded as a medical missionary or as a student in preparation for missionary work in any line. Singleness and sincerity of purpose should characterize all those connected with the work. To profess to believe the principles which underlie the work of the institution, as relates to dietetic, temperance, dress, and other reforms, while in life disregarding them, is evidence either of insincerity or moral weakness. In either case there is earnest work to be done in seeking God, that the heart may be changed and the life reformed, since the influence of such a life upon the work of the institution must be highly detrimental. To promote healthfulness, consistency, and simplicity of dress is one of the main objects of this work, and this reform should have the support and sympathy of all connected with the work. To restore a primitive Edenic diet[sic]. This is a mission field as well as a training-school, and hence every worker must consider himself as a missionary, and always on duty, and responsible to God and his fellow workers for the influence he may exert by work, act, or attitude. The responsibility to promulgate the principles of reform grows out of the obligation which rests upon every man to proclaim to others the truth which God has given to him. Separation from the reform principles for which

the institution stands, or a course of conduct unbecoming as a Christian, is separation from work.¹

Kellogg believed that the mission of the sanitarium and school was the same and focused on physical and spiritual healing, just as Ellen G. White believed.

Even though Ellen G. White held neither an administrative nor a teaching position in the nursing program, she had a close association with it. She occasionally gave chapel talks, attended administrative meetings, and communicated regularly with Kellogg. Her convictions were incorporated into the curriculum. Kate Lindsay believed that the students should be well-educated in the health beliefs of the church. She wrote, "It is important for students to understand and use the insights that we have been given regarding health and caring for our bodies."² She believed that in addition to technical knowledge, the nurse must have a heart which feels the sufferings of others and a desire to "alleviate suffering and point the sin-sick to the Lamb of God, which taketh away the sin of the world."³

Kellogg discussed the use and importance of the health principles as outlined by Ellen G. White at the Battle Creek Sanitarium.

The principles of health reform, or what we call our health principles, have been before this people for thirty-five years [since 1864—the date of Mrs. White's first publication on health], and the more I have studied them, the more I am amazed at their magnitude, and their beauty. During the last three years especially, these

¹John Harvey Kellogg, "Principles of the Battle Creek Sanitarium," 1885, J. H. Kellogg Collection, Bentley Library, University of Michigan, Ann Arbor, MI, 2.

²Kate Lindsay, quoted in *Battle Creek Sanitarium and Hospital School of Nursing, 50th Reunion* (Battle Creek, MI: Battle Creek Sanitarium, 1936), 3, BCHS.

³Ibid.

principles have grown with wonderful rapidity. The length, and breadth, and depth of these, which God gave us a third of a century ago, are becoming more and more clearly defined, and more and more thoroughly established on scientific facts. We find that almost every new discovery in science having any bearing upon health goes to confirm these great principles, and not a single word can be found—not a single fact can be presented by anybody that in the slightest degree weakens, or in any sense overthrows, a single one of the principles that have been practiced all these years. It is a thing that ought to give us faith and hope and confidence, not only in the principles, but in the way in which the Lord brought them to us, as well as in all the other truths they accompany. If there is anything in the world that ought to strengthen one's faith in the Lord's work, it is just to take up these health principles, and see in what a plain, clear, simple way they were first presented, unaccompanied by scientific facts, only now how they have won their way in the world. Not only among this people, but all over the world we find these principles growing.¹

Admission Standards

Limited information exists regarding the admission requirements for the first nursing class. An advertisement for the program states:

Wanted at the sanitarium, half a dozen young women to learn nursing, massage, the use of electricity, and other branches of the practical medical department. None need apply except persons who are strong. Applicants must possess the following qualifications: 1. Good health; 2. Fair intelligence and education; 3. They must be able to give first-class recommendations; 4. They must be willing to contract to remain from two to five years at reasonable wages. The position offered is a good one, and the knowledge acquired will not only be of great practical value to the individual, but can be made valuable anywhere as a ready and easy means of gaining a livelihood. Persons who wish to avail themselves of this excellent opportunity should at once address Sanitarium, Battle Creek, Mich., giving full particulars as to age, health, character, etc.²

¹John H. Kellogg, *General Conference Bulletin*, 21 February 1899, 44, Ellen G. White Research Center, Andrews University, Berrien Springs, MI.

²“Publishers Page, Nursing Advertisement,” *Good Health*, April 1883, 25.

It is evident that requirements were vague: specifications for good health, fair intelligence, and education were lacking. At that time many individuals had three to four years of formal education. Is that what was meant by “fair education”? They required recommendations, but from whom? Age is mentioned in the last sentence of the advertisement, but the acceptable age is unknown.

Nowhere in this advertisement does it state whether the student must be of a particular religious denomination, but we learn more from other sources. “In the first years of the school, only Seventh-day Adventists were enrolled. But by the first years of the twentieth century, ninety-five percent of the trainees were not Adventists.”¹

Admission requirements, as advertised for the class entering December 1884, included:

1. A good moral character, with satisfactory recommendations.
2. Ability to become first-class nurses.
3. Ability and disposition to study hard and work hard to become thoroughly qualified for the profession of nursing.²

In 1896, the admission requirements for the school included “a good character, Christian experience, good health, a fair education (the more the better), and a settled purpose to devote the life to missionary work under the direction of the Medical Missionary Board.” In addition, the school also required recommendations from an officer of the applicant’s

¹Duff Stoltz, “June 13, 1933, School of Nursing,” in *Heritage Battle Creek* (Battle Creek, MI: Battle Creek Historical Society, 1993), 64.

²“Sanitarium Training School for Nurses,” *Good Health*, January 1885, 5.

church, and a conference officer known to the management.¹ It appears that although students did not need to be Seventh-day Adventist to enroll in the program, they needed to have some religious orientation, and they needed to have some connection to a conference officer of the Seventh-day Adventist church.

In an 1888 letter to Mr. Jonah Wissel regarding admission of a young lady to the nursing program, the admission age seemed variable. Kellogg wrote, "Send the girl along we will see what we can do for her. We will take her on a three-month trial. She is younger than any student we have ever taken and is not up to the age required by our rules, but we have decided to give her a trial."²

Mary Staines Foy, in 1878, "could not matriculate to the college because she was not yet fifteen."³ It appears, then, that the age of fifteen was the minimum requirement for entering the college, but it is not known whether that applied to the nursing program, since the sanitarium did not make it part of the college until 1927.⁴

For almost fifty years (1884-1933), Mary Staines Foy had a close connection with the nursing program. She entered the first class in 1884, but worked for Dr. Kellogg as his nurse and did not graduate until 1890. In 1899 she became Principal of the School of

¹*Year Book, 1866-96* (Battle Creek, MI: International Medical Missionary and Benevolent Association, 1896), 119.

²J. H. Kellogg to Jonah Wissel, 4 February 1888, EGW Estate.

³"In Memorium, Mary Staines Foy, 1863-1949," 2, BCHS. Mary Staines Foy entered the first nursing class in 1884.

⁴*Ibid.*

Nursing and Superintendent of Nurses. She held this position until 1923. At that time the sanitarium made her Director of Nurses. Foy retired in 1933 as Dean and Director of Nursing.¹

In writing about the history of the school in 1903, Foy discussed admission requirements, implying that previously admitted students had academic deficiencies, necessitating a remedial course for those unprepared.

After analysis, the school decided to raise the standards of entrance. Students are required to have not only a knowledge of the common branches but at least an elementary knowledge of the sciences and a thorough knowledge of hygiene, both practical and theoretical. In order to accommodate those who are not prepared to enter the nurses' training school proper; there has been organized a preparatory course which covers a period of six months. The work done includes anatomy, physiology, hygiene, elementary chemistry, botany, natural physiology, astronomy, and cooking.²

Admission requirements differed for the college students and for the nursing school students. In 1900, the admission age requirement for the regular college courses was twenty-one; if students were younger, the school invited them to enroll in the preparatory courses for the missionary nurses.³ However, there is no evidence that reveals whether upon satisfactory completion of the preparatory courses the students were admitted into the nursing program.

¹Ibid., 2-9.

²Mary Staines Foy, "Nursing at Battle Creek Sanitarium," *Medical Missionary Journal*, February 1903, 38.

³Ibid.

Until 1885, a relationship existed between the school of nursing and the Battle Creek College, such as sharing some physical facilities, but both entities had their own administration. In 1901, the General Conference of Seventh-day Adventists moved Battle Creek College to Berrien Springs, Michigan, and the school assumed a new name, Emmanuel Missionary College, now Andrews University. The General Conference sold the Battle Creek College property in 1903 to the Battle Creek Sanitarium, which opened a new Battle Creek College, but now under the administration of Dr. John Harvey Kellogg. This new institution had no connection with the General Conference of Seventh-day Adventists or with its predecessor except for the property.¹ The nursing program continued under the control of the Sanitarium until 1927, when it became a part of the new Battle Creek College.

Student Enrollment and Retention

At first few individuals applied to the nursing school; but as the work of the school became known, applications increased every year until it soon became impossible for the Sanitarium to accept all who wanted to enroll.² Admission extended to men as well as women, with males registering each year starting in 1886.³

¹*Seventh-day Adventist Encyclopedia*, 1996 ed., s.v. "Battle Creek College."

²Mary Staines Foy, *Brief History of Battle Creek Sanitarium and Hospital School of Nursing*, 1933, 2 BCHS.

³*Ibid.*, 3.

In April 1883, two women enrolled in the three-month course. The school had hoped for more students. The school had asked for “half a dozen young women” in their advertisements.¹ Although not a spectacular turnout, it was a start. The first class of 1884 graduated nine individuals in 1886. The number of students grew each year. The largest class graduated in 1898 with 136 graduates. By 1900 more than nine hundred students had graduated as nurses.² In discussing retention, Mrs. Foy wrote that the rules and regulations were strict but that the student body yielded remarkably well to the prescribed discipline. Instances were rare when the school dismissed nurses for either disobeying the rules or being inactive to duty.³

Curriculum

The first nursing program was a three month course. The only curricula reference for it is found in advertisements. One stated that it included all branches of study which would qualify competent persons to become professional nurses,⁴ and another indicated that the program consisted of one hundred lectures and a few hours of practical exercise each day.⁵ After the first three-month course, the hospital administration decided to

¹“Publishers Page, Nursing Advertisement,” 25.

²Foy, *Brief History of Battle Creek Sanitarium & Hospital School of Nurses*, 10.

³Ibid.

⁴“Publishers Page, Nursing Advertisement,” 25.

⁵*The Battle Creek Sanitarium*, 1884, 64.

increase it to six months; but after more careful consideration they increased it to a two-year program starting with the class of November 1884.¹

This program listed four instructors, all physicians—Kate Lindsay, Anna Stewart, W. H. Maxson, and J. H. Kellogg—though the primary lecturer was Dr. Lindsay. The administration of the program for the first few years is vague, with no specific reference being found to who was in charge. A few personal notes of Dr. Kellogg's alluded to Kate Lindsay. In a personal note, he wrote on January 5, 1885, "Discuss with K. Lindsay, new ideas for nursing students."² In the *Principles of Battle Creek Sanitarium* (1885) under the organizational structure, no specific listing was found for nursing faculty as was for medical faculty. But it referred to one specific administrative position for the nursing school, "Secretary of the Training-School for Nurses."³ Mary Staines Foy was listed under that title. In her memorial service, she was listed as holding that position from 1895-1898.⁴

The first year of the curriculum, in 1884, included anatomy, physiology, surgical nursing, hygiene, practical nursing, hydrotherapy, and cookery. Second-year classes

¹John Harvey Kellogg, "Sanitarium Training School," *The Advent Review and Sabbath Herald*, 23 October 1884, 460.

²John H. Kellogg, "Note," 5 January 1885, JHK Collection, Ann Arbor.

³John H. Kellogg, "Principles of the Battle Creek Sanitarium," 9.

⁴"In Memorium, Mary Staines Foy, 1863-1949," 9, BCHS.

consisted of massage, Swedish movements, cookery, diseases, and obstetrics and gynecology for women.¹ An 1885 advertisement for the school listed

courses in anatomy, physiology, nature and causes of diseases, principles of cure, management of common diseases, dressing simple wounds, general and individual hygiene, ventilation, disinfection, air and water contamination, general nursing, surgical nursing, monthly [women's] nursing, bandaging, hydrotherapy, theoretical and practical electricity, diet for the sick, massage, calisthenics, and what to do in emergencies.²

In 1888, the administration offered additional classes for those who desired to be medical missionaries. The topics covered in the first two years differed slightly from that of the program begun in 1884. Additional topics included dietetics, medical dietetics, hygiene of the sickroom, germs, ventilation, disinfection, calisthenics, Swedish gymnastics, general nursing, electricity, nature and causes of diseases, language of disease, management of common diseases, elementary chemistry, dressing wounds and injuries, and bandaging.³

A small number of students elected to enter the five-year missionary program. They pledged to devote themselves as missionaries and teachers in foreign lands and health-care institutions as directed by the Battle Creek Sanitarium Board.⁴ Because of the more direct combination of the health and religious ministries in the program, in 1891 the

¹Mary Staines Foy, "Notes," undated, BCHS.

²"Sanitarium Training School for Nurses," 5.

³"Sanitarium Medical-Missionary School," *Good Health*, January 1888, 2.

⁴*Yearbook, 1866-1896*, 117.

school changed the name from the Training School for Nurses to the Medical Missionary Training School for Nurses.¹ In speaking of this program, Dr. Kellogg stated:

The object of the school is the uplifting of down-fallen human beings wherever we can reach them; this necessitates making our course of training much more thorough than that of any other class of nurses; for our nurses are obliged to go where they have to stand alone with the worst classes of cases, where they have no physician to help them, and no one to direct their work, thus being, as it were both physician and nurse. Hence it is necessary that their training should be more thorough than that of hospital nurses, who can be under the direction of a physician.²

After graduation from the basic program, students could enroll in advanced courses for the third, fourth, and fifth years. These courses included bacteriology, sanitary science, advanced anatomy, materia medica (pharmacology), urinalysis, special surgical nursing, midwifery, missionary work, and Bible study.³ In addition to the theoretical courses, the students spent six hours a day in clinical practicum.

In 1893 the school extended the regular two-year course of study to encompass a total of three years.⁴ The following two years of the missionary program included students spending several months with visiting nurses and in dispensary work at the Chicago

¹Ibid., 118.

²John Harvey Kellogg, "Nursing," 1888, John Harvey Kellogg Collection, Bentley Library, University of Michigan, Ann Arbor, MI.

³Ibid.

⁴*Yearbook, 1866-1896*, 118-9.

medical mission operated by the Battle Creek Sanitarium. They also spent time in missionary visits, office work, and industrial nursing.¹

Because of the increased need for medical missionary nurses, the curriculum again changed in 1895 to shorten the time needed for nurses to complete the program. Based on need and the premise that individual differences necessitated a variety of curricula, the school developed three levels of nursing. The first was a general nursing course that lasted for one year if the student desired only a shortened regular course and two years if they included a speciality. The second program was to train surgical and obstetrical nurses. This curriculum lasted two years. The third program involved supervision of visiting nurses and teaching classes in nutrition and physical culture. This curriculum extended the program an additional year.

Besides this new plan for missionary nurses, the school began a one-year program of field missionary work, during which the students spent from six to twelve months working in city missions. The administration believed that by providing a variety of programs, an interest in mission work would continue.² These programs interested many and, by 1896, 661 nurses had been graduated.³

¹John Harvey Kellogg, *The Battle Creek Sanitarium* (Battle Creek, MI: Battle Creek Press, 1898), 34.

²*Ibid.*, 142-3.

³John Harvey Kellogg, "Battle Creek Sanitarium," *Good Health*, September 1896, 477.

In 1889, the school offered a new program. This was a correspondence course for the nurse training program. It was to serve two purposes. First, it was to give some theoretical and practical help to those who were unable to attend the program in Battle Creek. Second, it was to enable those who completed the course to have advanced standing upon admission to the nursing program.¹ No curriculum, course syllabus, or other content information about this home study course survives in the various archives.

In addition to the regular curricula courses for nurses, the students at the Sanitarium nursing program also had extensive classes in dietetics and physiotherapy (exercise and movement). Although these courses are routine in nursing curricula today, they were uncommon in the nursing programs of the late 1800s. The students had a daily exercise program. In a letter, Bea Rosenbaum (an alumna) wrote that the school required the students not only to learn about the importance of diet and exercise, but also to adhere to the Sanitarium's regimen for patients, which included daily exercise in the gymnasium and a vegetarian diet.²

The nursing students at the Battle Creek Sanitarium not only received lectures on a regular basis but also had a textbook for study. Dr. Kate Lindsay wrote *The Sanitarium Medical Missionary School* for the nursing students.³ She based it on the lectures that the

¹Ibid.

²Bea Rosenbaum, "Letter to Alumni Association," January 1897, J. H. Kellogg Collection, University of Michigan, Ann Arbor.

³Catherine Lindsay, *The Sanitarium Medical Missionary School* (Battle Creek, MI: Battle Creek Press, 1888).

students received from her. The book consists of eleven sections: “General nursing”; “Fresh air and clean water;” “Neatness”; “Making beds”; “Diet for the sick”; “Rest, mental and physical”; “What the nurse should know about symptoms”; “Treatment, medicines, disinfectants and disinfection, and antiseptics”; “Fevers and fever nursing”; “Causes of diseases of women”; “Instructions for operating room”; and “An easy drill for three bearers [lifting and moving patients].” Although this was one of the students’ primary textbooks, they had a library in the hospital which housed books of Ellen G. White and Dr. John Harvey Kellogg along with other medical books. The students occasionally had lectures from Dr. Kellogg. Mrs. White spoke to them in chapel regularly, when she was in town.¹

Spiritual Training

An important concept of the school was spiritual restoration. The faculty impressed the mission of the school upon the minds of students from their first days in the program. They also taught the students that their functions did not end with the care of the sick, but included the teaching and practice of the gospel of health. The training of nurses to meet the spiritual needs of the patients harmonized with Ellen G. White’s belief that spiritual restoration was as important as physical restoration. Dr. Kellogg wrote,

This is the real work that our training-school stands for, the relief of both spiritual and physical suffering. We believe that the man or woman who cannot heal the

¹John Harvey Kellogg, “Diary,” 18, J. H. Kellogg Collection, University of Michigan, Ann Arbor.

broken spirit at the same time he relieves the suffering body, is crippled; he cannot do the great work that God intends he should.¹

The need for spiritual restoration was found throughout the program. In a conversation Mary Staines Foy had with Emil Leffler (the nursing alumni president in 1933), Mrs. Foy stated that the nursing school, even in the early 1880s, always emphasized Christian help work.²

Kate Lindsey reflected the same ideas regarding spirituality. In an 1891 graduation address, she stated:

The nurse should remember that each sickroom is a field for missionary efforts. The consolation of religion is never so precious as when one is sick and suffering, and when perhaps the things of this life are slipping away. No one else is so closely allied for the time to the sufferer as the nurse. The minister and the doctor may make periodic calls, but they cannot stand in such close, confidential relations to the patient as the nurse. Remember, each of you, that your mission is to do well to your fellows, to heal the sick, and to alleviate suffering. In this way you will be following directly in the footsteps of the Master, as He went about on earth. Even the 'cup of cold water' of which He spoke may be taken very literally as a means of blessing to others, for what is more gratefully appreciated by one burning with fever? I now leave you with the hope that the instruction received in the two years just passed will be of great service to you in all your future labors. May each one of you, wherever your work may lie, be imbued with the true missionary spirit in laboring for the uplifting of humanity.³

In addition to Bible classes, all nursing students were "required to carry on local and home

¹John Harvey Kellogg, "A Notable Anniversary," *Good Health*, November 1898, 678.

²Emil Leffler to Battle Creek Sanitarium Nursing Alumni, 28 April 1933, BCHS.

³Catherine Lindsay, "Address to Graduating Class," 9 November 1891, BCHS.

missionary work.”¹ They divided the students into groups and each group had a poor district in the city assigned to them. Students ascertained the needs of those in their district, whether it was food, clothing, or health problems. Some of the elderly just wanted company and the group would talk with them, or sometimes sing a song or read some cheerful literature. An unidentified student stated that she “found these tasks extremely satisfying, which confirmed the scripture saying ‘It is more blessed to give than to receive’.”² In reflecting the necessity for meeting the spiritual needs, Dr. David Paulson, who was in charge of the outreach medical missionary program in Chicago, stated:

It must be evident that the mere technical knowledge of how to treat disease is not enough to equip men and women to go out to raise fallen human beings from the depths of sin, both spiritual and physical. . . . We have learned that disease is the result of a violation of nature’s laws; we know that our work is not merely to cure the sick, but to help to prevent disease by inculcating these laws.³

Besides the religion class and missionary work, the school required the students to attend the twice-daily prayer sessions at the sanitarium.

The Sanitarium and nursing program upheld respect for the Sabbath day (Saturday). The sanitarium required the management, nursing staff, and students to be on duty (but only half a day) on Saturdays. Students and staff gave only essential care to patients; no classes, surgeries, or special procedures were scheduled. The sanitarium also

¹Foy, “Notes,” undated, BCHS.

²Alumni Association, *A Brief History of the Battle Creek Sanitarium and Hospital School of Nursing*, 1949, 4, BCHS.

³David Paulson, “A Notable Anniversary,” *Good Health*, November 1898, 678.

gave consideration to those who observed Sunday; on that day, the only class that they held was a Bible class.¹

The sanitarium also addressed spirituality in the biweekly departmental meetings that students were expected to attend. During these meetings, portions of the time were spent in prayer, testimony, and Bible study during which the students were encouraged to share personal experiences related to both the physical and spiritual care of their patients.² Spiritual restoration was an important component of the nursing curriculum.

White's Health Beliefs Incorporated in Curriculum

From the outset of the nursing program, Ellen G. White's health beliefs were incorporated throughout the curriculum. Kate Lindsay in her nursing textbook defined nursing:

Nursing has been defined as providing the necessities of life and the means for maintaining health, and assisting nature in her attempts to aid the body to recover from sickness, and to restore the energies wasted by diseases, to those who by reason of youth, sickness, old age, or injuries are unable to help themselves. These necessary things are pure air, water, sunlight, proper food, clothing, cleanliness, warmth, exercise, physical rest, good sleep, and mental and moral repose.³

Kate Lindsay included six of Ellen White's eight natural remedies in her textbook.

Although not included in her text, temperance and trust in divine power appeared in other areas of the curriculum. Lindsay included the following areas in her text: diet for the sick

¹Kellogg, *Principles of the Battle Creek Sanitarium*, 15.

²*Yearbook 1866-1896*, 122.

³Lindsay, *The Sanitarium Medical Missionary School*, 1.

(nutrition), exercise, water, sunlight, fresh air, and rest. Although Ellen G. White did not identify cleanliness as one of the eight natural remedies, she wrote about it extensively in relationship to the use of water taken internally to cleanse the body and used externally for bathing and hydrotherapy. Dr. Lindsay agreed and emphasized it in her lectures and textbook. She wrote, "The nurse must know how to keep herself neat, the patient, bed, room, and furniture nicely arranged, and everything not only clean and pleasing to the eye, but free from infectious disease germs."¹

Lectures addressed the natural remedies, but the students had practical experience utilizing them as well. The curriculum emphasized nutrition throughout the program. Classroom lectures included dietetics, medical dietetics, cookery, and diet for the sick. The students worked in the diet kitchens in order to learn the proper preparation of food for patients. They also ate a vegetarian diet in the cafeteria and were expected to "uphold both in theory and in practice the principles of diet reform, temperance reform, dress reform, and other reformatory principles which are known to be the basis of the work of the institution."²

Exercise, another natural remedy, maintained importance in the nursing program. Students received instruction regarding physiotherapy, which most nursing-program curriculums did not include. Students also had classes in calisthenics, Swedish

¹Ibid., 5.

²Kellogg, *Principles of the Battle Creek Sanitarium*, 14.

gymnastics, and massage. In addition, they were also to be in good physical condition themselves and were to have regular outdoor exercise.¹

Faculty stressed the importance of water both in lectures and in practice. Dr. Lindsay devoted two areas of her book to the topics of water and cleanliness. Water not only included that which individuals took internally, but also that used externally. Students received practical experiences with hydrotherapy, which was a founding principle of the Western Health Reform Institute. Even though the hospital's name changed, the hydrotherapy practices continued and students had in-depth exposure to the techniques of hydrotherapy. Dr. Lindsay's book stressed the need for students to "learn how to supply clean air and clean water."²

The topics of sunshine and fresh air had chapters devoted to them in Dr. Lindsay's book. The students were to encourage their patients to be out-of-doors on a regular basis and they themselves were also to engage in outdoor activities. The students also received lectures on ventilation and air and water contamination. The following statement indicates that the personal habits of the students included the need for fresh air and sunshine: "It is important that regularity should be observed in relation to meals, proper sleep, outdoor exercise, daily cold bathing, and a suitable and sufficient dietary."³

¹Ibid.

²Lindsay, *The Sanitarium Medical-Missionary School*, 4.

³Kellogg, *Principles of the Battle Creek Sanitarium*, 14.

Rest, another natural remedy, was addressed in the program but not to the same degree as the other natural remedies. Most of Dr. Lindsay's lecture on the topic alluded to the need for the patient to have sufficient rest, but gave very little substance related to it. The students had schedules that were quite grueling. They spent six to eight hours a day in the clinical setting, six days a week. Monday through Thursday they had several hours of class each evening, after which they had to care for their own laundry and personal affairs. On Saturday, they had to spend four hours in the hospital. In their spare time, they were to do missionary work and visit those in the community.¹ It seems that although rest was important for the patients, rest and recreation were not viewed in the same light for the student.

As discussed previously in the spiritual training section, the school did not address temperance and trust in divine power in the titles of Dr. Lindsay's lectures. But these areas were incorporated in the religion classes, missionary endeavors, testimonials, and departmental meetings in which students participated.

Summary

Ellen G. White's health beliefs regarding cleanliness, nutrition, exercise, water, sunlight, temperance, fresh air, rest, and trust in divine power occur in the Battle Creek Sanitarium's School of Nursing curriculum. Primary references related to these beliefs are found in diaries, booklets, personal correspondence, books, and journal articles. Alumni

¹Foy, *A Brief History*, 12.

newsletters, newspaper articles, and yearbooks also substantiate the use of her health beliefs in the school of nursing. Although Ellen G. White was not directly involved in the leadership of the nursing program, strong evidence suggests that her health beliefs were prominent in the curriculum from 1884 to 1900, the period on which this research is focused.

CHAPTER 8

FLORENCE NIGHTINGALE AND ELLEN G. WHITE:

CONCLUDING OBSERVATIONS

Florence Nightingale and Ellen G. White were dedicated women who influenced nursing and health reform beginning in the mid-nineteenth century. It is unquestioned that their reforms have had lasting effects, with many of their beliefs still being practiced in the twentieth century. Their beliefs and the incorporation of them in their respective schools of nursing have been presented in the previous chapters. Strong similarities between the women have become evident: each had a passion for her work, a strong spiritual commitment, a concern for the health and welfare of others, a belief that God called her. Yet, differences exist which distinguish the two women and make each of their contributions unique. These differences also influenced the methodology that each used to accomplish her mission. This chapter examines those differences in relationship to the women's health beliefs, mission, and impact upon nursing education.

Family Background and Education

The influence that a family has over its members is well documented in psychology and sociology readings. For example, studies about an individual's social development and competence, creativity, learning, and intellectual development

substantiate that the environment one is raised in plays an important role.¹ The home is where the foundation for a child's physical, mental, and spiritual instruction begins and nurturing occurs. Therefore, the family background of Florence Nightingale and Ellen White played pivotal roles in their development and in the exegesis of their health beliefs.

The affluence of Florence's parents provided her with a stable economic environment. She never wanted for any material comforts, but she often lacked emotional support. Florence loved her parents and sister, but frequently wrote about the difficult relationships that existed with her mother and sister. Fanny and Parthe never understood Florence's desire to help others, especially when Florence's ideas conflicted with social norms. English Victorian society did not support women as reformers, embracing instead the philosophy that the woman's role was in the home.

Whereas Florence's father agreed with society's position,² he also supported Florence in her beliefs. She spent many hours with her father, not only in education, but also discussing current topics. He provided the foundation for her love of education, mathematics, and political astuteness. William supported Florence in her nursing endeavors, even when his wife and daughter refused. He understood her desire to help

¹David Meyers, *Psychology* (New York: Worth Publishers, 1998), 76-91, 227-251, 285-313, 327-341, 587-617.

²Although William acknowledged in Florence's early life that the role of an aristocratic woman was to be married or otherwise unemployed and living with her parents, he understood her desire to help others. In 1853, he wrote a letter to the Committee for the Institution for the Care of Sick and Gentlewomen in Distressed Circumstances, giving permission and supporting Florence's desire to be the superintendent of the institution.

others and to further influence health care in England. Their relationship remained steadfast throughout his life.

Florence's family would not have questioned her desire to influence reform had she been male. They frequently discussed reform issues at home. Her grandfather, William Smith, sat in the House of Commons for forty-six years. He battled for factory workers and the rights of Dissenters and Jews. Her father also supported reform, including religious freedom and abolition of slavery. He advocated the teachings of Jeremy Bentham (creator of the philosophy of utilitarianism).¹ Florence had many philosophical discussions with her father in which she learned to ask questions openly and to develop and defend her position. She became emotionally and psychologically comfortable in the man's world of business and politics. This confidence, along with the access she had to political leaders, gave her the support she needed to initiate health reform in England.

The Nightingale family entertained frequently and their guests often included aristocrats and parliamentary members. These connections helped Florence in making health reform changes after the Crimean War. Her neighbor and close family friend, Sir James Clark, was Queen's Victoria's physician. He set up an appointment for Florence to stay with his family in Scotland, giving her the opportunity to meet with Queen Victoria

¹M. E. Holliday and D. L. Parker, "Florence Nightingale, Feminism and Nursing," *Journal of Advanced Nursing* (September 1997): 483-6.

and Prince Albert at Balmoral Castle in Scotland. This meeting provided her with royal support for some of her health care reforms related to the military.¹

Florence's brother-in-law, Sir Harry Verney, also helped achieve some of her reforms in Parliament. He provided the avenue to present her ideas in Parliament. Harriet Martineau, a journalist and feminist supporter, gave Florence the opportunity to publicize beliefs. When Florence wanted the public informed about a specific idea, Harriet would anonymously insert it into an article of hers, thus enabling Nightingale to gain support from the public before presenting her own position.

The wealth of the Nightingale family allowed Florence to be involved in health reform. Her father purchased a home for her in London and sent her a yearly stipend. Her writings discuss many other gifts that came from the family, such as clothing and household help. Since Florence did not have to worry about income, she could devote her time to writing and reformation.

The affluence of her family also gave Nightingale opportunities for education and travel. Florence's education was superior to most women in England in the nineteenth century. Her father hired a tutor for Florence and Parthe; when the tutor left to marry, William could not find a suitable tutor and therefore taught his daughters himself. Florence flourished with her father as a teacher. They were kindred spirits and enjoyed many of the same educational, philosophical, and business topics. It was the typical classical male education of the day.

¹Sir James Clark to Florence Nightingale, 23 August 1856, BL.

Nightingale's education also played a role in the development of her philosophy regarding women and society. At an early age, Florence became fascinated with Plato. Several of Plato's beliefs can be found throughout most of her writings. The first is that each person is born with specific attributes for one task above all. Nightingale believed that God called her to pursue nursing and she devoted her lifework to it. Plato's second belief found in Florence's writings was that a division of labor among people was necessary for a state to prosper. Prosperity would occur only if a variety of groups of individuals worked together, including artisans (craftsmen and shopkeepers), auxiliaries (military), guardians (aristocrats), and rulers. Plato also proposed that women could have roles of action and responsibility in society that were equal to that of men. Florence supported these ideas.¹ She discussed them in her first book, *Suggestions for Thought to the Searchers After Truth Among the Artisans of England*, later shortened to *Suggestions for Thought*.

Besides her superior education, Florence traveled widely throughout Europe and Egypt. From the age of twenty, she would visit hospitals in various cities and gather statistical information and policies. In addition, her father's friends supplied her with blue book statistics on hospitals,² thus giving her nursing and health care data from

¹Margaret Newton, "Florence Nightingale's Philosophy of Life and Education" (Ed.D. diss., University of California, Stanford, 1949), 140-50.

²Florence Nightingale, undated, "Private Note," BL; idem, *Ever Yours, Florence Nightingale, Selected Letters*, ed. Martha Vicinus and Bea Nergaard (Cambridge, MA: Harvard University Press, 1990), 31.

various hospitals. Florence would utilize this information in later years to write not only about nursing but also of hospital reform, especially for the military.

Florence Nightingale's education and family gave her the knowledge, access to influential leaders, financial ability, and political astuteness to reform nursing in England. If her father had not prepared her to feel comfortable in the world of men, many of her reforms may not have succeeded. Florence knew what she believed needed to be done, but she also knew how to be successful in accomplishing it.

Florence Nightingale knew that Victorian England would never sanction a woman directly carrying out reform. Therefore, social mores forced her to use others to accomplish her endeavors. She worked within the system, implementing change in the background. Her methodology for change was multifaceted. First, she knew the intricate workings of the government and where to obtain access to data. Because of her media portrayal as a heroine in the Crimean War and her political connections, no one denied her the information she sought. Some of her political connections included Sir Edwin Chadwick, Sir William Farr, Sir Douglas Galton, Lord Herbert of Lea, Sir John Lawrence, Sir John McNeill, Lord Palmerston, Lord Ripon, Dr. John Sutherland, and Lord Derby.¹

¹Sir Edwin Chadwick was a sanitary reformer and head of the New Poor Law Commission. He supported Nightingale's lobbying for an Indian sanitary commission, and they were firm allies against the germ theory.

Sir William Farr was the assistant commissioner of census returns in 1851 and 1861 and was appointed the Commissioner in 1871. He worked closely with Nightingale in the development of statistics on the causes of mortality.

Sir Douglas Galton was captain in the Royal Engineers, and a member of the

These men relied heavily on Nightingale's statistics and reports. Florence presented them with information articulated in descriptive detail so that the conclusions they drew were unmistakable and would be recommended. To influence the public, she distributed the official reports of the commissions as pamphlets. Nightingale had the pamphlets privately printed and sent them to key officials, knowing that they would be

Royal Commission on the Sanitary Conditions of the Barracks and Hospitals. He was appointed Permanent Under-Secretary for War in 1862 and in 1865 he transferred to the position of Director of Public Works until his retirement. He was married to Florence's cousin, Marianne Nicholson.

Sidney Hebert, Lord Hebert of Lea, was Secretary-at-War under Aberdeen. He also held the positions of Chair of the Royal Commission, on the Health of the Army, Chair of the Indian Sanitary Commission and of four sub-commissions on army sanitary matters. Hebert also served as Honorary Secretary of the Nightingale Fund. He and his wife Elizabeth were close friends of Nightingale and he gave Florence her position to serve in the Crimea.

Sir John Lawrence was the Viceroy of India and encouraged military and municipal sanitation. He was Florence's favorite viceroy.

Sir John McNeill was a diplomat and physician. He was sent to the Crimea to report on the management of the commissariat and its methods of keeping accounts and delays in distribution.

Henry John Temple, Lord Palmerston, was the Home Secretary in Lord Aberdeen's government. He became Prime Minister in 1855 and was a close family friend of the Nightingales.

George Frederick Robinson, Lord Ripon, was the Under-Secretary for War under Sidney Hebert and became the Secretary for War after Hebert. He was also the Secretary for India in 1866 and Viceroy for India, 1880-84. He was a strong supporter of Nightingale's policies.

Dr. John Sutherland had a long career in public health when he was appointed to investigate the sanitary conditions of the English military in the Crimea. He played an active part in the Royal Commission on the Health of the Army and on the Royal Commission of the State of the Army in India. He was the only paid member of the permanent Army Sanitary Commission.. He was Nightingale's chief advisor and secretary.

Edward Henry Stanley, Lord Derby, served under his father's Conservative Party leadership, but was well known for his liberal stand on civil liberties. He had a long-standing interest in sanitary reform and served primarily in the Foreign Office.

circulated.¹ She used her expertise to guide the public in developing opinions related to reform.² Florence also sent many letters addressed as “confidential” to key ministers and members of parliament to influence their decisions regarding health reform. Florence also effectively used the press to publish her letters to the editor and articles which coincided with current reform topics in which she was interested.

Florence also exerted her power by influencing many of the appointees to various commissions, chaired by her friends. Not only would Florence supply the chairman of the commission with specific questions to ask the candidates, but she also primed many candidates before they interviewed for the position.³

In summary, these examples provide insight into the methodology that Nightingale used to carry out reform. She was an effective change agent and opposed propositions and ideas incongruent with her own knowledge, beliefs, and experiences upon which she placed great reliance. Florence would not have accomplished what she did had it not been for her educational and family background.

¹In 1858 Florence published 2,000 copies of an appendix to the report of the Royal Commission and sent these to influential people including Queen Victoria, the Commander-in-Chief, Members of both houses, commanding officers, and physicians.

²Florence Nightingale to Benjamin Jowett, 8 August 1871, BL.

³An extensive collection of correspondence between Florence Nightingale and Sir William Farr and Sir Douglas Galton is found at the Wellcome Institute, Nightingale Collection, London. An extensive collection of letters exists at the Nightingale Collection, British Library, London, between Florence and Dr. John Sutherland, Sir Edwin Chadwick, and Sidney Hebert.

Ellen G. White's education and family background contrasted sharply with that of Florence Nightingale. Ellen did not have a formal education beyond the third grade. Her family was not affluent; in fact, all members participated in the family business to make ends meet. She did not have the political astuteness that Nightingale possessed nor did her family influence society in the same manner. Nevertheless, Ellen's family influenced her in other ways that also prepared her for her work as a reformer.

Ellen's father was a religious man, an active member of the Methodist church, and clearly the spiritual leader of the family.¹ In addition to attending church every week, Ellen developed a love of spiritual things through family worship and her personal devotions. Her deep spiritual convictions fortified her throughout her life. She often wrote that her belief in Jesus was the only thing that sustained her during the difficult periods in her life.

Through her family Ellen also learned the value of work. She wrote of working at an early age to help in her father's hat-making business. Not only did she learn to appreciate a work ethic, but Ellen also learned the importance of a family working together. She wrote:

When I was a child, and was told to do something, sometimes I would begin to speak words of complaint, and would go out of the room. But I would be called back, and asked to repeat what I had said. Then I would repeat it. My mother

¹Robert Harmon frequently filled in when the pastor of their church was absent. He also provided the layman's response to the regular sermon, (Ron Graybill, *Ellen G. White: The Hidden Years*, 3, Unpublished manuscript, 1977). Ellen White describes her father as having a mind which was very fruitful on Bible subjects: (Ellen G. White, "They Sleep in Jesus," *The Advent Review and Sabbath Herald*, 21 April 1868, 297).

would take that up, and show me how I was a part of the family, a part of the firm; that it was as much my duty to carry my part of the responsibility as it was my parents' duty to take charge of me. She would carry that out to the letter. I had my times now and then for amusement, but I tell you there was no idleness in my home, and there was no disobedience there that was not taken in hand at once.¹

This family background prepared Ellen for her work to come. She, along with her husband James, worked diligently in disseminating the gospel message of Jesus to the world. Ellen was committed to her duty—her duty to serve God.

Unlike Nightingale's mother, Ellen's mother significantly influenced her education. Since Ellen was unable to attend formal school after the age of nine for any extended period of time, her mother guided Ellen's learning. Although the exact extent of education that Ellen's mother provided is unknown, we know that she had been a school teacher before she married. Ellen's grandson, Arthur, wrote that Ellen's mother, "a wise and careful woman, did not allow Ellen to grow up in ignorance; at home she learned many practical lessons needed in preparation for life. Ellen studied in the school of nature, for the spacious Deering's Oaks Park was within walking distance . . . from her home."²

Finances were never abundant for either Ellen's parents or for her and her husband. Although James was industrious and supported his family by working as a laborer in various positions, the distribution of the gospel held top priority. Ellen's

¹Ellen White, "A Report of an Interview of Ellen G. White," Interview by Dr. and Mrs. A. J. Sanderson, Elmshaven, 26 August 1901, 5, Ellen G. White Estate.

²Arthur L. White, *The Early Years*, 32.

writings describe financial difficulties, especially in their early years of marriage. During their first six years of marriage they never had their own apartment or home but always lived with others. One reason in the early years was that since they did not belong to or work for an organized church, a regular income for either James or Ellen did not exist. Ellen did not have the same luxuries as Nightingale. She wrote of patching and mending her husband's clothes¹ so that they would wear longer. Ellen knew the importance of thrift; she provided for her family, but she also made sure that funds were available for supporting the work of the church.

Ellen did not use the same methods that Florence Nightingale employed to initiate health reform. Sensitive to the limitations of her background, Ellen was reticent at first to share with others what she believed that God had revealed to her. She at first would often soften the message so as not to hurt individuals. She regarded herself as God's messenger to prepare individuals for the second coming of Jesus. Ellen's methodology included proclaiming the love of Christ and the need for each individual to be ready for the second coming of Jesus, testifying of what God had done for her and others, teaching and preaching about God, and persuading others to accept Jesus and His truth and serve Him.

The dissemination of Ellen's messages occurred primarily through speech and print. However, she never wanted individuals to rely entirely on what she wrote or said. In writing about evangelistic meetings, she said, "Let none be educated to Sister White,

¹White, *Life Sketches*, 107.

but to the mighty God who gives instructions to Sister White.”¹ Her writings continually pointed people back to the Bible. She was a humble woman and wanted to persuade individuals to change their habits. She accomplished this by providing factual information, relating it to being ready for the second coming of Jesus, answering individuals’ questions, making their options clear, inviting them to side with biblical truth, affirming them as they decided, and inviting them to open their lives to the convicting power of the Holy Spirit.

Although Ellen frequently spoke at churches and in public meetings, she distributed many of her beliefs through writing. During her lifetime, she wrote twenty-six books. She also penned more than five thousand periodical articles and eight thousand letters and manuscripts. Many letters gave specific individuals counsel, reproof, and/or encouragement, depending on the specific situation. Not everything that Ellen White wrote was related to a vision. She enjoyed reading and had accumulated more than eight hundred books in her library at the time of her death.

Health reform was widespread in the mid-to-late nineteenth century in the United States and Ellen White was not ignorant to what was occurring in society. In *Health Or How to Live*, edited by her husband James, Ellen included articles written by other prominent health reformers.² She stated that after writing her six articles, she searched

¹White, *Selected Messages*, 3:29.

²These articles included topics such as flesh foods, pure air, the use of water, how to take baths, sleep, clothing, sunshine, and exercise by leading health reformers such as Dr. R.T. Trall, Dr. James C. Jackson, Dr. John Gunn, Dio Lewis, Dr. Eliza De La Vergne,

for various works on hygiene and surprisingly found many in harmony with what the Lord had revealed to her. She included them in her book to demonstrate this harmony to the brothers and sisters of the church.¹ George Knight believes that Ellen's health visions "placed Adventists in the larger health reform movement and provided them a religious motivation for both caring for their personal health and for extending the gospel of good health through their institutions."²

Ellen, unlike Nightingale, did not have a controlled situation in which to work. She untiringly gave of herself to help others. The following is an example of one of her days. She wrote:

Brother Corliss helped me to prepare breakfast. Everything we touched was frozen. All things in our cellar was frozen. We prepared frozen turnips and potatoes. After prayer, Brother Corliss went into the woods near Thomas Wilsons' to get wood. James accompanied by Brother Andrews, went to Orleans, expecting to return to dinner. I baked eight pans of gems, swept rooms, washed dishes, helped Willie put snow in the boiler, which requires many tubsful. We have no well water or cistern. Arranged my clothes press. Felt weary; rested a few minutes. Got dinner for Willie and me. Just as we got through, my husband and Brother Andrews drove up. Had had no dinner. I started cooking again. Soon got them something to eat. Nearly all day has thus been spent—not a line written. I feel sad about this.³

Dr. L. B. Coles, Dr. Harriet Austin, and Dr. J. H. Hero.

¹Ellen G. White, "Questions and Answers," *The Advent Review and Sabbath Herald*, 8 October 1867, 260.

²Knight, *Meeting Ellen White*, 50.

³Ellen G. White, "Diary," 28 January 1868, Ellen G. White Estate.

Although Ellen tried to write some each day, she could not always do so, because she had responsibilities as a wife, mother, friend, and neighbor. She often wrote that she could carry on only because of her dependence on God.

Ellen's background prepared her for her life's work as God's messenger. She did not have the education, wealth, or political connections that Nightingale had, but she had parents who had instilled in her the values and importance of family, trust in God, and a work ethic needed for a woman to succeed as a reformer during the Victorian Age in the United States. Ellen wrote frequently that it was not through self, but only through God, that she could accomplish what she did.

Religious and Spiritual Differences

Ellen White and Florence Nightingale were both deeply spiritual women. Their spiritual convictions and passions guided their lives. Their calls from God fueled their desire to help others. Ellen saw her work as preparing individuals for heaven, while Florence viewed her work as bringing heaven to earth. The religious and spiritual beliefs of each woman underpinned her health beliefs and accomplishments.

Florence Nightingale's religious beliefs varied greatly from those of Ellen White. Nightingale never held a close association with a particular religion. She had a strong Unitarian background, but was an official member of the Anglican church. Although baptized in the Church of England, Florence studied many different religions. She at one point considered Catholicism, but could not support all of its doctrines. Instead, she created her own beliefs that were founded not on the Bible and prayer, but on perfecting

oneself by helping others. She developed her religious thoughts in a three-volume book, *Suggestions for Thought*.¹ She never intended for these volumes to be widely publicized and thus only had six copies privately published. In these volumes, Florence referred not only to Plato, but also to others such as Christian von Bunsen, Auguste Comte,²

¹She sent one copy to John Stuart Mill with a letter asking for his comments and also informing him of how much he had influenced her (5 September 1860). A second copy went to Benjamin Jowett, again asking for his comments. The remaining copies were sent to Florence's father, Sir John McNeill (a medical officer in the East India Company, a sanitary reformer, and a trustee of the Nightingale Fund), Richard Monckton Miles (an ex-admirer, a member of Parliament, and a member of the Nightingale Fund), and her uncle Samuel Smith.

²Christian Carl Josias von Bunsen (1791-1860) was a German scholar of ancient and oriental languages and mythology, as well as a theologian. He was the Prussian ambassador to the Court of St. James from 1842-54. He also was involved in humanitarian endeavors and in Rome opened a Protestant infirmary where people of that faith could receive medical care without being subjected to Catholic proselytizing. R.A.D. Owen, in his study of Bunsen, wrote that he played a prominent part in the religious discussion of England in the 19th century [R.A.D. Owen, *Christian Bunsen and Liberal English Thought* (Montpelier, VT: Capitol City Press, 1924), 83.]

Auguste Comte (1798-1857) was a French social thinker and philosopher. He founded the philosophy known as Positivism and originated a concept of social science which he named sociology. He sought to discover the laws that he believed governed the evolution of the mind. He stated that these laws were understood in three ways. First, through a theological, or supernatural, explanation; second through a metaphysical or abstract explanation, and finally through a positive explanation which is derived from an objective examination of the phenomena themselves. Students, he believed, should only concern themselves with things that have a positive existence.

Benjamin Jowett,¹ and John Stuart Mill,² who not only influenced Florence's religious beliefs, but also provided their convictions about specific religious topics.

Nightingale's religious premise was based on accomplishments. Florence was to be a savior to people by moving them away from sin and toward perfection, and by teaching others how to live better.³ Individuals, Florence believed, first needed to learn about the laws of God, which were discoverable only through experience. Comte, Jowett, Mill, and von Bunsen also ascribed to the belief of universal laws.

Comte described his natural laws concerning the mind passing through three phases: theological or fictitious, metaphysical or abstract, and scientific or positivist. In the first phase, his explanations are attributed to God. In the second phase, he attributes them to forces or metaphysical. The third phase he attributes to scientific laws, such as the law of gravity.⁴ These three stages closely parallel Nightingale's three developmental

¹Benjamin Jowett (1817-1893) was Regius Professor of Greek at Oxford University, Master of Balliol College, and a major reforming force in both the college and university. He corresponded frequently with Florence Nightingale regarding religious and philosophical topics.

²John Stuart Mill (1806-1873) was a philosopher and economist in England. He became the leader of the utilitarian movement and tried to help the English working people by promoting measures leading to more equal division of profits. He favored a cooperative system of agriculture and increased rights for women.

³This belief is the fundamental principle of utilitarianism as expressed by John Stuart Mill.

⁴Auguste Comte, *The Positivist Philosophy*, trans. Harriet Martineau (London, England: George Bell and Sons, 1896).

stages of religion, which she described as belief in miracles which broke the law, belief in supernatural events which occurred because of prayer, and religion as a science.¹

Mill believed that the universal or natural laws were confirmable and could be empirically proved. Therefore, they added predictability and stability to human existence.² Mill agreed with Florence that individuals acquire knowledge through the senses and through experience. Mill derived his inductive approach from the senses. It was an experiential approach (phenomenology) because individuals experienced it and they had observed the results (empiricism). Florence supported this empirical method and maintained it throughout her life. She believed that “man’s ability to attain perfect happiness was cultivating his capabilities and by learning from his experience.”³

Although Comte, Mill, and Jowett believed in universal laws, only Jowett shared Nightingale’s belief that God was the Lawgiver and Creator. Jowett, as Nightingale, was a member of the Church of England. He was also a member of the Tractarian Oxford Movement that examined the commonalities between the Church of England and the Catholic Church.⁴ Florence discussed religion frequently with Jowett and considered him one of her strong religious advisors.

¹Nightingale, *ST*, 1:56.

²H.J. McCloskey, *John Stuart Mill: A Critical Study* (London, England: St. Martins Press, 1971).

³Nightingale, *ST*, 1:118.

⁴Newton, 84.

Von Bunsen agreed with Nightingale's Universal Law as an expression of Divine Will. In a *Fraser's Magazine* article, Nightingale wrote about an "All-Ordering Power whose thoughts are manifest as law, so that everything, down to the minutest particular, is so governed by laws which can be seen in their effects, that not the most trifling action or feeling is left to chance."¹ This parallels von Bunsen's idealist philosophy that whatever emanated from the spirit was a revelation of the Divine, which unfolded itself according to eternal laws.² Von Bunsen and Nightingale also agreed on the emphasis of the acquisition of knowledge as a means of an ultimate union with God.

Nightingale believed that individuals could learn about God not through the Bible or prayer, but only through discovering His laws. Since Florence did not believe that the Bible was a direct revelation from God³ or that God answered prayers,⁴ religion, therefore, to her was created through inquiry and doubt, and tested by experience (empiricism). Florence evaluated this belief in the Crimea. She used the medical facilities, the military, and nurses in the Crimean War as her proving ground. The results were staggering, as sanitary measures increased and deaths decreased. Florence believed

¹Nightingale, "A Sub-Note of Interrogation," *Fraser's Magazine*, June 1873, 25.

²Florence Nightingale, *Suggestions for Thought*, ed. Michael D. Calabria and Janet A. Macrae (Philadelphia, PA: University of Pennsylvania Press, 1994), xxviii.

³Nightingale, *ST*, 2:16.

⁴Nightingale, *ST*, 3:62.

strongly in the science of religion, because through this results could be measured and proved.

The religions and religious practices of Nightingale's day distressed her. She asserted that, helpful as the Bible or any inspired writing might be, she did not believe that the Bible and the Koran were direct revelations because they contained contradictions to the universal Law of God.¹ She wrote to Benjamin Jowett that "many of the Old Testament stories were unfit for children, and that there were many precepts in Homer, Sophocles, and Aeschylus which might better have been called the 'Holy Writ'."² In a different volume of *Suggestions for Thought*, she conceded that the Bible and other inspired writings might be helpful, but that "man's capabilities of observation, thought, and feeling exercised on the universe, past present, and to come, are the source of religious knowledge."³

Florence urged people to close their Bibles and Prayer Books "until they had assured themselves by experience and comparison with the law, why they believed in God, and were cognizant of the nature of God in whom they had faith."⁴ Many individuals, she believed, were doing only the rituals, including prayer, and did not

¹Nightingale, *ST*, 1:216.

²Cook, 2:229.

³Nightingale, *ST*, 2:24.

⁴*Ibid.*, 1:189.

understand the laws of God; therefore, they were unable to have a close relationship with Him.

Nightingale believed that to have a closeness with God, one must communicate with Him. But that oneness or communication with Him could be accomplished only through works. She wrote, “In proportion as we love Him, we shall not desire words from Him nor words to Him—we shall be one with Him, doing the same work, and work will be prayer.”¹

In writing about the Aboriginal races in Australia, Florence explained the difference between her religion and that of Protestants and Catholics. In the description of the missionary work to the Aboriginal children, she wrote, “The Catholic baptized the child, and the sooner it died the better; the Protestants tried to make the child capable of understanding the religious trust; I would show the child his duty to God and teach him how to plow.”²

Nightingale’s religion was based on works, not faith or a combination of faith and works. Florence’s belief in the need for perfection of oneself, accomplished by helping others, fueled her passion for social reform. It became her lifework, her obsession, even to the exclusion of the ordinary conditions of daily life.

¹Nightingale, *ST*, 3:62.

²Florence Nightingale, undated, “Notes on the Aboriginal Races in Australia,” BL.

Florence structured her life to permit nothing to stand in the way of reform. This structuring included her relationships and responsibilities. The illness¹ that Florence developed in the Crimea gave her a means to control her environment and provide her with the time she felt needed for social reform. Florence carefully selected whom she would see and when, or whether she would see them at all. Her personal secretary wrote her a note saying he thought he could accomplish more if he could talk with her in person, instead of doing everything by correspondence.²

Florence's illness also permitted her to deny visitations with family members, such as her mother and sister (with whom she often disagreed) without negating her role as a daughter and sister. Even Florence's father, whom she adored, could visit her only with prior permission. George Pickering suggested that many creative individuals, including Florence Nightingale, used their illnesses to control their environments.³ The control Florence had over her environment allowed her the time and energy needed to concentrate on social reform. Her works, her reforms were her religion.

Nightingale's spiritual philosophy was not congruent with either Anglican or Unitarian beliefs. Her beliefs show aspects of many different philosophical positions.

¹While caring for the soldiers in the Crimea, Florence caught what was known as 'Crimean Fever.' She lingered between life and death for several weeks; when well enough to travel, she returned to Scutari for a long recuperation period. At the end of the war, she returned to England but continued to have medical problems.

²Arthur Clough, Private Note, 7 November 1858, BL.

³George Pickering, *Creative Malady* (New York: Oxford University Press, 1974), 99-177.

Florence Nightingale's underlying core demonstrates a deistic understanding of God, in which God creates everything to run by natural laws. Deism was a rationalist religious philosophy that flourished in the seventeenth and eighteenth centuries, particularly in England. Generally, deists held that a certain kind of religious knowledge was either inherent in each person or accessible through the exercise of reason, but they denied the validity of religious claims based on revelation or on the specific teachings of any church. One can see strong similarities between Nightingale's beliefs and deism. Florence believed that God was the creator of all existence. He created the purpose of being and the means by which people could fulfill that purpose toward which they should devote their lives.¹

The law was the method by which Nightingale believed that God revealed His will and His thoughts to human beings. Law incorporated fixity within a world of change. Margaret Newton wrote that Nightingale's belief was so strong that if "lawbreaking miracles had been proven true, Nightingale's God would thereby have been destroyed."² Nightingale's God was a universal God, not of one country or one creed. The deist asserted that God exists, and that He created the world, but that God has no present relation to the world. Therefore, God does not perform miracles. Florence Nightingale did not believe in divine intervention and revelation. The deist also rejected revelation as the test of religious truth, accepting reason instead. This concept correlates

¹Cook, 2:360.

²Newton, 119.

with Nightingale's belief about the religion of science. She believed that individuals could know God through the study of statistics. All natural law, Florence believed, existed as an expression of God's thought and will. The "laws of God," she wrote, "were the laws of life, and these were ascertainable by careful, and especially by statistical inquiry."¹ Her use of statistics provided her with the scientific vindication of her other religious beliefs. She wrote:

Our religious creed consists in this—belief in an omnipotent eternal spirit of love, wisdom, righteousness, manifesting itself by calling into existence, by definite laws, beings capable of the happiness of love, wisdom, and righteousness, —capable of advancing themselves and each other in divine nature—living in an universe in which, by definite law, the means and inducement are afforded which insure their advance through their own activity to humanity's blessedness. Observation, reflection, experience are that which furnishes the evidence.²

As reflected by these previous thoughts, Nightingale's fundamental outlook closely resembles a deistic philosophy.

Ellen G. White's spiritual and religious views differed considerably from Nightingale's. Ellen's beliefs had a theistic foundation based upon biblical understanding and supported by her personal relationship with God. She believed in the inspiration of the Bible, and studied it from an early age. Ellen's family was a pillar of the Methodist-Episcopal church in Portland. They attended church functions regularly, including Sunday worship services, midweek services, and campmeetings. From a young age Ellen

¹Cook, 1:480.

²Nightingale, *ST*, 2:346.

was concerned about religion. At the age of eight she feared that she would not be good enough for salvation when Jesus returned. As she studied, she realized that God did not base salvation on works but on faith. She also realized that God was a God of love, not a fearsome God who tortured people eternally. God loved those whom He made and wanted them to be ready for the second coming of Jesus. This realization, along with the call she received from God at age seventeen, changed Ellen; instead of being the shy, reserved young woman she had been, she now wanted to share this love of God with others. She spoke with others, prayed with them, and helped distribute tracts. Ellen wanted everyone to be prepared for the second coming of Jesus.

Ellen White, as did Florence Nightingale, believed in the pursuit of perfection. But whereas Nightingale believed that a person could become perfect only by helping others (works), White believed that humanity needed to be restored to the image of God and to be brought back toward perfection. She believed that perfection of character, but not of nature, was possible. Ellen saw perfection as a life-long process and that individuals could never claim to be perfect in the sense of sinlessness this side of glorification.¹ She taught that absolute perfection would only be possible when Jesus returns and imparts immortality to His faithful followers. This process was not something that individuals could accomplish on their own, as Nightingale purported, but it was possible only by repentance and trusting in the saving merits of Jesus, according to White.

¹White, *Selected Messages*, 3:355.

Restoration to the image of God, White believed, included the development of the body, mind, and soul. It was only through restoration that individuals could realize the divine purpose of God's creation.¹ Preparation for Christ's second coming was the focus of all of Ellen's writings. She wanted others to understand the saving power of God's grace and the soon return of Jesus. Her zeal to tell others about God and the second coming of Jesus consumed her, sometimes at the expense of family relationships and physical health.

Ellen, unlike Florence, did not have a controlled environment in which she worked. With the extensive travel that Ellen and her husband James undertook to spread the gospel, separations from her children often occurred, which troubled her greatly. On one occasion, she wrote, "I was often grieved as I thought of the contrast between my situation and that of others who would not take burdens and cares, who could ever be with their children. . . . Many nights, while others were sleeping, have been spent by me in bitter weeping."² Although this upset her, she believed that her vocation as God's messenger took priority.

At the onset of her call to work for God, illness plagued Ellen, and often she thought death imminent. In relating Ellen's illness and the call from God, her grandson stated that God told Ellen to go out and tell others about her beliefs, and that if she did

¹White, *Education*, 15-6.

²White, *Testimonies*, 1:102.

God would give her the power and strength to do so.¹ Although Ellen had medical problems throughout her life, she persevered. She often spoke and worked when sick. She wrote that it was only through God's grace that she could accomplish what she did. Ellen's health did improve some as she aged. She attributed her improvement in health to her personal implementation of the lifestyle changes that she recommended to others.²

Unlike Nightingale, who believed in works alone, White claimed that a relationship existed between faith and works. She believed that individuals could never save themselves by their charitable works; but by becoming more like Christ, they would naturally want to do charitable works to help others.³ In one case, Ellen used an analogy of faith and works as being two oars:

If we are faithful in doing our part, in cooperating with Him, God will work through us [to do] the good pleasure of His will. But He cannot work through us if we make no effort. If we gain eternal life, we must work, and work earnestly. . . . Let us not be deceived by the often repeated assertion, "all you have to do is to believe." Faith and works are two oars which we must use equally if we [would] press our way up the stream against the current of unbelief. "Faith, if it hath not works, is dead, being alone." The Christian is a man of thought and practice. His faith fixes its roots firmly in Christ. By faith and good works, he keeps his spirituality strong and healthy, and his spiritual strength increases as he arrives to work the works of God.⁴

¹Arthur L. White, *The Early Years*, 75.

²White, *Counsels on Health*, 492-4.

³Ellen G. White, *Selected Messages*, 1:377-82.

⁴Ellen G. White, *Welfare Ministry* (Washington, DC: Review and Herald Publishing Association, 1952), 315-6.

Ellen believed not only that she must have faith, but that her work was to share it with others. Jesus, she believed, wanted the members of His church to be workers and to labor for Him, according to their capabilities.¹ Ellen labored for the salvation of others and believed that the medical missionary work² was one avenue by which they could proclaim the three angels' message.³

Ellen had neither the education nor the political connections of Florence Nightingale, yet her beliefs were distributed throughout the world. Adventist believers accepted her as a public religious speaker. In many denominations, the role of a woman coincided with that of society, but in the Methodist⁴ and early Adventist churches this was not so. In these two groups a public role for women was appropriate and accepted. Therefore, the Adventists more readily accepted her as a messenger of God. Ellen White had a strong theistic philosophy. Throughout her writings she discussed the love of God and the need to restore oneself to His image. She frequently stated that her beliefs were founded on only the Word of God.

¹Ibid., 316.

²The medical missionary work of the Seventh-day Adventist denomination has encompassed the globe.

³The three angels' message is found in Rev 14: 6-11. Three angels proclaim this message which is God's last appeal to the world to accept salvation in Christ and prepare for His second coming.

⁴Lucile Dayton and Donald Dayton, "Your Daughters Shall Prophecy: Feminism in the Holiness Movement," *Methodist History* 14 (January 1976): 106.

Health Beliefs

The health beliefs of White and Nightingale paralleled each other in many ways. Both wrote about cleanliness, water, diet, sunshine, ventilation, and rest, but they addressed them from different perspectives. Nightingale upheld the belief that diseases were the result of harmful influences in the environment and caused by miasmas or miasmata. Disease could only be cured through manipulation of the environment. The miasmatic theory gained much support during the early to mid-nineteenth century, and many of these supporters also were active in nineteenth-century political and social reform, especially in England.¹ Florence agreed with this theory and never supported the idea of contagion, infection, or the germ theory. In 1858, she wrote:

It is a vulgar error to suppose that epidemics are occasioned by the spread of disease, from person to person, by infection or contagion; for it is an ascertained fact that, before any people is [*sic*] attacked epidemically, the disease attacks individuals in a milder form, one at a time, at distant intervals, for weeks or months before the epidemic appears. Before an epidemic of cholera, these cases consist generally of diarrhea of more or less intensity, followed by a rapidly fatal case or two, very much resembling cholera. . . . Experience appears to show that without this antecedent preparatory stage, affecting more or less the entire population of a town or district, the occurrence of an epidemic is impossible—the epidemic being, in fact the last or, so to speak, the retributive stage of a succession of antecedent phenomena extending over months or years, and all traceable to the culpable neglect of natural laws. It is simply worse than folly, after the penalty has been incurred, to cry out “contagion,” and call for the establishment of sanitary cordons and quarantine, instead of relying on measures of hygiene. Epidemics are lessons to be profited by; they teach, not that “current

¹Ten Have, “Geneeskunde en filosofie. De invloed van Jeremy Bentham op het medisch denken en handelen,” 1983; in Rob van der Peet, *The Nightingale Model of Nursing* (Edinburgh, Scotland: Champion Press, 1995), 65-8.

contagions” are “inevitable” but that, unless nature’s laws be studied and obeyed, she will infallibly step in and vindicate them, sooner or later.¹

Nightingale’s belief in this theory not only concurred with many individuals in the early to mid-eighteen hundreds but also with her personal philosophy about God. Her religious pragmatism supported the idea that miasmatism entailed practical lessons about which circumstances God wanted human beings to change, but the theory of contagion did not.

Were contagion a fact, what would be its lesson? To isolate and to fly from the fever and cholera patient, and leave him to die; to kill the cattle; instead of improving the conditions of either. This is the strictly logical lesson of contagion. If it is not strictly followed, it is only because men are so much better than their God. If contagion were a fact—this being the lesson which it teaches—can we escape the conclusion that God is a Spirit of Evil and not of Love?²

Contagionists, she believed, presupposed that for every infectious disease a first case had to occur, meaning that it came directly from God. Nightingale could not uphold that belief, because she believed God to be benevolent and wise; therefore He would never inflict a disease upon an individual. Human beings developed the disease because they did not uphold the laws of God, not because God inflicted it upon them. Ellen G. White held a different belief about disease. Although she did not specifically refer to the germ theory, she supported the theories of infection and contagion. White wrote about

¹Florence Nightingale, *Female Nursing in Military Hospitals* (London, England: Harrisons and Sons, 1858), 128-133.

²Florence Nightingale, “A Note of Interrogation,” *Fraser’s Magazine*, July 1873, 575-6.

contagious diseases; some disease related to the eating of flesh foods,¹ leprosy,² Israelite hygiene, and prevention of contamination from various conditions and diseases.³

White supported the theory of contagions, where direct or indirect contact with an individual or an organism spread disease. Ten Have,⁴ in his dissertation about the theories of epidemic diseases and the relationship of philosophy and medicine, argues that the theory of contagions had a Judeo-Christian origination.⁵ The contagion theory differed from the miasmatic theory. In the contagion theory, the environment played a passive role in the spreading of disease, and the individual was the active agent. Therefore, medical treatment would be directed toward treating the individual affected by the disease, instead of controlling the environment. In differentiating between the two theories of disease, Ten Have points out that the miasmatic theory had a sociological emphasis, whereas the contagionist theory had a biological emphasis.⁶

Although White supported the contagionist theory, she did not limit herself to it. Ellen included in her writings a philosophy which encompassed biological, psychological,

¹White, *Selected Messages*, 2:419; idem, *Healthful Living*, 100; idem, *Counsels on Diet and Foods*, 386.

²White, *The Ministry of Healing*, 278.

³Ibid., 277-8.

⁴Have, 65-8.

⁵Have believes that the health laws given to the Israelites in the Old Testament address the foundations of the contagion theory.

⁶Have, 66.

sociological, and religious beliefs related to health and disease. She used the term miasma fifty-five times in her writings. Sixteen of these citations refer to physical conditions, specifically standing water and drainage, whereas the other thirty-nine imply a moral or spiritual atmosphere. In this context, Ellen called miasma a poisonous moral or spiritual atmosphere.

Although there may be a tainted, corrupted atmosphere around us, we need not breathe its miasma, but may live in the pure air of heaven. We may close every door to impure imaginings and unholy thoughts by lifting the soul into the presence of God through sincere prayer.¹

White's beliefs that included biology, psychology, sociology, and religion are consistent with modern medicine's beliefs about the causes of disease. Thirty-five years after Ellen White's first publication on health, Dr. John H. Kellogg supported the scientific merit of her writings. He wrote:

The principles of health reform, or what we call our health principles, have been before this people for thirty-five years [since 1864—the date of Mrs. White's first publication on health], and the more I have studied them, the more I am amazed at their magnitude, and their beauty. During the last three years especially, these principles have grown with wonderful rapidity. The length and breadth, and the depth of these, which God gave us a third of a century ago, are becoming more and more clearly defined, and more and more thoroughly established on scientific facts. We find that almost every new discovery in science having any bearing upon health goes to confirm these great principles and not a single word can be found—not a single fact can be presented by

¹Ellen G. White, *Reflecting Christ* (Washington, DC: Review and Herald Publishing Association, 1985), 122.

anybody that in the slightest degree weakens, or in any sense overthrows, a single one of the principles that have been practiced all these years.¹

Mrs. White's writings tend to be consistent with modern medicine's beliefs about the germ theory, infection, contagion, and ecology, whereas Nightingale's miasmatic theory is considered obsolete.

¹John H. Kellogg, *General Conference Bulletin*, 21 February 1899, 44, E. G. White Estate.

Diversion and Exercise

Other health beliefs that differed in White's and Nightingale's writings were diversion and exercise. Nightingale wrote extensively about the need for diversion, which she frequently called variety. She provided specifics related to the placement of the bed in the room, the need for aesthetics, and the need to prevent idleness. When in Scutari, Florence set up different programs for the wounded soldiers, such as reading, games, and educational courses. She did not believe in idleness, if the physical condition did not warrant it. Diversion was something that kept the person occupied with thoughts other than his or her disease. It was another way to control the environment, thus potentially improving the condition of the individual.

Although White agreed with Nightingale's concepts related to diversion, she did not write about specifics related to the sick room or the sick person as did Nightingale. White addressed the subject of diversion with a spiritual emphasis.

Before the 1860s, in the United States, only the wealthy had time to think about recreation—the others were involved with labor. However, after the Civil War, and with increased industrialization, leisure time grew. Holidays, vacations, and decreased work hours allowed extra hours for recreation.¹ White believed that all individuals needed relaxation from their everyday duties, but cautioned about the necessity for temperance. She believed that a person should evaluate the character of the diversion activities.

¹Benjamin McArthur, "Amusing the Masses," in *The World of Ellen G. White*, 177-190.

Each should ask, “What influence will these amusements have on [my] physical, mental, and moral health? Will my mind become so infatuated as to forget God? Shall I cease to have His glory before me?”¹ It was not that she disagreed with the need for diversion. She thought it beneficial to both the body and mind, and wrote that “an enlightened, discriminating mind will find abundant means for entertainment and diversion, from sources not only innocent, but instructive. Recreation in the open air, the contemplation of the works of God in nature, will be of highest benefit.”² She distinguished between recreation and amusement.

Recreation, when true to its name, re-creation, tends to strengthen and build up. Calling us aside from our ordinary cares and occupations, it affords refreshment for mind and body, and thus enables us to return with new vigor to the earnest work of life. Amusement, on the other hand, is sought for the sake of pleasure and is often carried to excess; it absorbs the energies that are required for useful work and thus proves to be a hindrance to life’s true success.³

White emphasized the need for recreation, but qualified that it should be the type that would keep an individual close to God. Unlike White, Nightingale’s writings about diversion did not emphasize the spiritual component but the environmental need.

Exercise was another topic of concern to White. Ellen believed that exercise was essential for both the physical and mental well-being of all individuals. She specifically addressed the need for children, students, mothers, fathers, pastors, teachers, writers, sick

¹White, *Testimonies*, 4:652.

²Ibid., 653.

³White, *Education*, 207.

individuals, and physicians to engage in exercise. The benefits derived from exercising included increased blood circulation,¹ promotion of digestion,² invigoration of the mind,³ increased vitality,⁴ increased muscle strength,⁵ good oxygenation of the respiratory system,⁶ fortification of the kidneys and lungs,⁷ and prevention of disease.⁸ Ellen White herself engaged in physical exercise regularly.⁹

It is not clear whether Nightingale agreed with this idea. She herself was not physically active and the only reference made to physical activity appears in the student nurse's schedule at the Nightingale School, where the curriculum scheduled each student for one and one-half hours of exercise each day. No evidence indicates what that exercise period consisted of, nor were any writings found that describe Nightingale's beliefs about exercise.

¹White, *Testimonies*, 2:525.

²Ibid., 569.

³Ibid., 413.

⁴Ibid., 529.

⁵White, *Christian Education*, 132.

⁶White, "Right Methods in Education," 61.

⁷White, *Testimonies*, 2:533.

⁸Ibid., 3:76.

⁹Arthur L. White, *Ellen G. White: The Lonely Years*, 3:195; idem, *Ellen G. White: The Early Elmshaven Years*, 5:175.

Temperance

Temperance, another area not addressed by Nightingale, was a favorite theme for Ellen White. Temperance included refraining from using harmful substances, such as tobacco, alcohol, stimulants, and narcotics. White gave specific instructions regarding these practices and addressed the impact that the use of these substances had not only on the user, but also on those around them, particularly for those using tobacco, alcohol, and narcotics. In addition, White supported a broader platform for the concept which included self-denial and self-control in diet, exercise, and work.

Since Ellen believed that the body was the temple of God and that no one had the right to desecrate it, individuals should try to overcome any harmful practices, specifically alcohol, drugs, tobacco, or anything undertaken in either limited or excess amounts. Although, their use was a common practice in the nineteenth century, White's instruction advocating the discontinuation of these substances provided controversy among some.

Nightingale did not address the topic of temperance. No writings can be found that discuss the use and consequences of tobacco or alcohol. A few references relate to drugs and stimulants. Such references include her discourse about tea and coffee for the sick. Florence does not list them as stimulants. She felt that too many discussed the negative aspects of tea, whereas she felt that it restored the patient when given properly. Properly meant that the patient would not receive any tea between the hours of five o'clock in the afternoon and five o'clock in the morning. Although most English favored

tea, Nightingale thought that coffee was a better restorative.¹ The only reference made regarding the stimulating effect of either tea or coffee was related to sleeplessness.

“Sleeplessness in the early night is from excitement generally, and is increased by tea or coffee; sleeplessness which continues to the early morning is from exhaustion often, and is relieved by tea.”²

White did not agree with Nightingale’s beliefs about tea and coffee. Ellen classified them both as stimulants and believed that the use of them “undermined the individual’s constitution, and caused a deadening effect on the brain, thus making it impossible to discern spiritual things.”³ Since tea and coffee were debasing stimulants with no nutritive value, Ellen counseled against the use of either one, advocating only ingestion of substances that would help restore an individual to the image of God.

Ellen White strongly disagreed with the use of drugs. She believed many were poisonous and injured the body. She wrote:

When drugs are introduced into the system, for a time they may seem to have a beneficial effect. A change may take place, but the disease is not cured. In nature’s efforts to expel the drug from the system, intense suffering is sometimes caused the patient. And the disease, which the drug was given to cure, may disappear, but only to reappear in a new form, such as skin diseases, ulcers, painful diseased joints, and sometimes in a more dangerous and deadly form. The liver, heart and organs are burdened with disease, and the unfortunate

¹Nightingale, *NN*, 1860, 43.

²*Ibid.*

³White, *Testimonies*, 1:549.

subjects, if they live, are invalids for life, wearily dragging out a miserable existence.¹

During the mid-nineteenth century, the drugs primarily used were strychnine, opium, mercury, calomel, quinine, and morphine. Nostrums were also readily available. These remedies usually had a high concentration of alcohol and typically were not proven to be effective. Ellen discouraged the use of drugs and favored natural remedies. She stated that “drugs need seldom be used.”² Ellen, herself, refused drugs and in her diary wrote,

Last night, I spent many wakeful hours in prayer. I am resolved to cast myself, body, soul, and spirit upon the Lord. I cannot take drugs. They do me no good, but harm. . . . In my distress I called upon the Lord, and cried unto my God; He heard my voice out of His temple, and my cry came before Him, even in His ears. . . . He delivered me, because He delighted in me. I love the Lord, because He hath heard my voice and my supplication. This has been my experience day and night during my sickness.³

Florence Nightingale had several references related to drugs in her writings. In *Notes on Nursing*, she referred to amateur women who recklessly treated themselves and their families. These women would often improperly take drugs prescribed by physicians. For example, she stated that an eminent physician told her that many mothers and governesses were giving their children excessive doses of calomel. They also told her that drugs were being used inappropriately by some women, and included taking a

¹Ellen G. White, *The Use of Drugs in the Care of the Sick* (Washington, DC: General Conference of Seventh-day Adventists, 1954), 3.

²White, *Counsels on Health*, 261.

³Ellen wrote this account while in Australia during her ten months of suffering from rheumatic fever (White, “Diary,” 1892, EGW Estate).

“blue prescription” pill as a laxative several times a week,¹ when it was a mercurial preparation for bilious complaints.² Florence also opposed individuals treating themselves without a doctor’s prescription. Nightingale herself used morphine. Physicians prescribed it for her in 1866 for unremitting pain. Although she enjoyed its effectiveness and called it “pleasurable,” she recognized its effect and stated “that it does not improve the vivacity or serenity of one’s intellect.”³ It is not known how long or to what extent she used the drug.

Trust in Divine Power

Nightingale did not share Ellen White’s health belief about trust in divine power. Ellen’s writings emphasized the need for trust in divine power, for she believed that human beings could not have true health unless they loved and trusted God. Ellen frequently wrote about God’s restorative powers and referred to Him as the Great Physician. She wrote, “Many are suffering from maladies. . . . And they will find no relief until they shall come to Christ, the wellspring of life.”⁴ Ellen believed that a connection existed between sin and disease, which started with the fall in the Garden of

¹Nightingale, *NN*, 1860, 73-4.

²Florence Nightingale, *Notes on Nursing, Revised with Additions*, ed. Victor Skretkowicz (London, England: Scutari Press, 1992), 166.

³Nightingale, “Diary,” 1866, BL.

⁴White, *Testimonies*, 4:579.

Eden. This fall caused a deterioration in the physical, mental, and spiritual dimensions of humanity.¹ Sickness, suffering, and death she attributed to the works of Satan, and only God could restore true health to individuals.²

Nightingale believed differently. She did not consider health an arbitrary gift from God, but a state that humans must achieve for themselves by keeping God's laws, which included the laws of nature and well-being.³ Disease Florence saw as a reparative process—an effort of nature to remedy or put itself in balance.⁴ She did not believe, as many, that God caused disease. Nor did she support communication with God through prayer or by reading the Bible or other religious writings. Florence's belief was not consistent with that of the English public in the nineteenth century, or with modern-day beliefs related to healing and spirituality. However, modern research supports White's belief about the restorative power of belief in God.⁵

¹White, *Spiritual Gifts*, 4:120.

²White, "Duty to Know Ourselves," 3.

³Nightingale, *ST*, 2:357.

⁴Nightingale, *NN* (1860), 5.

⁵For more information, see Barnum, *Spirituality in Nursing*; Fallot, *Spirituality and Religion in Recovery from Mental Illness*; Harrison and Burnard, *Spirituality and Nursing Practice*; O'Brien, *Spirituality in Nursing*.

Differences in the Schools of Nursing

Both Nightingale's and White's health beliefs were found in each of their respective schools of nursing (See Table 1 and 2 in Appendix A). Nightingale's beliefs were found more consistently throughout the curriculum as discussed in chapter 5. In contrast, White's health beliefs were present but not always labeled as her beliefs. More inferences had to be drawn to compare her beliefs with the curriculum. Several reasons could account for the use of beliefs of these women in their respective schools. First, The Nightingale Fund underwrote all of the finances of the Nightingale School of Nursing, which included providing salaries for the instructors, generating funds for St. Thomas' hospital for their facilities, and paying stipends to the students. Therefore, there may have been an unconscious or conscious effort on those within the school to ensure that Nightingale's beliefs were incorporated, thus helping to guarantee the stability of the school and their positions. Another reason could be that the administrators of the Nightingale Fund (prominent men in London) wanted the school to be successful since it reflected them. A third reason could be that the incorporation of Nightingale's beliefs and the use of *Notes on Nursing* was easily found because Florence had a more consistent relationship with the school than White did with the school in Battle Creek. Although Florence did not visit the school until twenty years after its inception, she frequently read students' diaries, looked at student applications, had students into her home, and communicated with various members of staff at the school and at the hospital.

However, White's association with the administration of the school in Battle Creek was less pronounced. We can possibly account for this with the following reasons. First, Ellen was not a nurse, nor had she had specific training or experience as had Nightingale. Therefore, she left the curricular specifics to those more knowledgeable in such arenas. She saw the health message as an avenue to point others to Christ. It was a way to help prepare others for the second coming.

Another reason for White's indirect influence on the program is that from the inception of the nursing school in 1884 until 1900, which this research covers, Ellen White spent ten and one-half years overseas, two years in Europe and Scandinavia, and eight and one-half years in Australia. Although she did not maintain as close contact with the school as Nightingale did with the program at St. Thomas, Ellen G. White was a frequent visitor to the Sanitarium when she was in town. She often visited Dr. Kellogg at the Sanitarium, had treatments for various illnesses, during which she visited with students, nurses, and other employees. This gave her a realistic picture of the true program occurring at the Battle Creek Sanitarium. In addition, Ellen White corresponded frequently with Dr. Kellogg, her son Willie, and others in Battle Creek. When in town, many times she held chapel programs for the students and met with the faculty and staff at the Sanitarium.¹ Also, after the death of her husband James, Ellen moved to California, thus further distancing herself geographically from the school. Even though

¹Arthur L. White, *The Lonely Years*, 290, 374, 377, 417.

Ellen G. White was not always physically present in Battle Creek, many of her health beliefs were mediated through Dr. Kellogg. Dr. Kellogg and Mrs. White maintained a close relationship during this time. They corresponded frequently and as the medical director of the Battle Creek Sanitarium, which included the nursing program, Dr. Kellogg not only promoted the health teachings of Ellen G. White but also utilized them in the Sanitarium on a daily basis. These health beliefs were often referred to by the general public as the Battle Creek Idea. Many famous individuals came to the Battle Creek Sanitarium for treatments based on these health principles. If the public was aware of these health beliefs and came for treatments which were based on them, it is apparent that the students were also cognizant of them and utilized them in caring for their patients.

Although the goal of each school (St. Thomas' and Battle Creek) was to prepare nurses, the underlying purposes differed vastly. The Nightingale program's curriculum was based on a job analysis of nursing as it existed then. The school gave each probationer the *Duties of Probationers*, and the training received corresponded with these duties, as outlined by Florence Nightingale. The purpose of the Nightingale school was to provide a "thoroughly practical and scientific training to women desirous of working as Hospital Nurses."¹

¹Joshua Jebb, March 1863, "The Appropriation of the Nightingale Fund," a paper read at the Meeting of the Social Science Association, Greater London Record Office.

At the Battle Creek Sanitarium, the goal was not only to prepare qualified trained nurses, but to prepare nurses who would also minister to the spiritual needs of the patient. Dr. John Harvey Kellogg agreed with Ellen White about this being the underlying principle in caring for patients. He wrote, "This is the real work of our training school . . . the relief of both spiritual and physical suffering. We believe that the man or woman who can not heal the broken spirit at the same time that he relieves the suffering body, is crippled; he can not do the great work that God intends he should."¹ As the beliefs of each woman varied, so did the curriculums at each school (see Tables 3 and 4 in Appendix). Nightingale's school, established in 1860, was the first non-sectarian nursing school. This school differed in both focus and control from the Catholic and Protestant nursing programs offered in the religious schools, which focused on visiting the sick, helping in epidemics, and working some in the hospitals, but rarely gave formal training. Although Nightingale believed in apprenticeship training, she also believed that schools should educate nurses. Though the nurses should be under the control of medical doctors, they should also be able to hold administrative positions. This concept differed considerably from that of religious schools, which saw nurses as subservient in all roles; instead of being under the control of medical doctors, the nurses were controlled by the clergy.

¹Kellogg, "A Notable Anniversary," 678.

Research has shown that although Nightingale provided the model for modern nursing education, the Nightingale School at St. Thomas' Hospital did not develop to the extent that Nightingale had outlined.¹ Nurses had classes, but not as consistently as planned. Some nurses became administrators, but not to the extent anticipated. Despite the problems the school encountered, the public perceived it to be a success. During this time, education for women was changing in England. The number of voluntary schools for women grew and, in 1870, the Education Act empowered school boards to establish schools and to tax the public to pay for them.² This allowed women to sit for secondary examinations, which placed them on an equal educational basis with men, thus making higher education available to them. As education increased throughout England, the quality of applicants to the Nightingale School improved. These changes in education and medicine dictated that students have a stronger theoretical base for caring for patients, thus calling for more classes. Despite its faults, the Nightingale School became a model for the nursing schools established at other hospitals. Most of these nursing schools accepted students from a variety of social and religious backgrounds and utilized the apprenticeship model. The number and types of classes varied with each institution.

Nursing schools established in the United States also followed the Nightingale model. Battle Creek was one of the first nursing schools in Michigan, only comparable

¹Baly, *Florence Nightingale and the Nursing Legacy* (1986).

²*Ibid.*, 221.

with the Farrand School of Nursing at Harper Hospital in Detroit. The Farrand School started in 1883 with a similar curriculum to that of the Battle Creek Sanitarium. The Farrand nursing program had eighteen months of training. This continued until 1888, when Mrs. Lystra Gretter assumed the position as the new director. She found that the Farrand nursing school had excessively overworked the student body and that the students had virtually no education.¹ Similarities in the curriculums of the Farrand School and the Battle Creek Sanitarium program included practical experience and lectures on anatomy, personal hygiene, dietetics, wounds and dressings, surgical nursing, and obstetrics and gynecological nursing.² Differences included the additional classes that the Battle Creek Sanitarium offered in hydrotherapy, cookery, and Swedish movements, as well as the overarching emphasis on the restoration of the spiritual component of the patient.

Curricular differences in the nursing programs of nearby states included variances within the courses taught and how much time the students spent in lectures and practical clinical experience. The programs varied from fifteen months to two years. The number of lectures varied from one school that had twenty-five lectures for the whole of two years to those that had several lectures a week.³ Classes in most schools included

¹Agnes G. Deans and Anne L. Austin, foreword to *The History of the Farrand Training School for Nurses* (Detroit, MI: Alumnae Association of the Farrand School, Harper Hospital, 1936).

²*Ibid.*, 54-65.

³N. E. Anderson, "The Historical Development of American Nursing Education," *Occupational Health Nursing*, October 1981, 18-20. This article described the

anatomy, physiology, surgical nursing, obstetrical and gynecological nursing, hygiene, medical dietetics, and cookery. Some schools, such as the Illinois Training School, also offered courses in massage and electricity as did the Battle Creek Sanitarium. At the Illinois Training School, the electricity course constituted 18 percent of the total number of lectures given during the whole program. The exact amount of time allocated to lectures on electricity at the Battle Creek Sanitarium cannot be found; but in commenting on the early nursing program, Dr. Kellogg stated that students had classes on physiological therapeutics which included practical hydrotherapy, practical application of massage and Fardic electricity, manual and mechanical Swedish movements, and assistance in gymnasium work. He further stated that "this was a somewhat new departure in the training of nurses. No attempt has previously been made to put into the hands of men and women by systematic instruction or daily drill the diversified and wonderfully efficient curative means comprised under the general head of physiologic therapeutics."¹ Although variances occurred within the schools regarding courses and lecture time, all schools had an apprentice type of training for their students. This was consistent with Nightingale's model of nurse training.

curriculum of six schools of nursing in the 1880s and 1890s in the Midwest United States. The nursing students in these schools had fewer lecture hours than those in the Battle Creek Sanitarium's nursing program.

¹*Year Book: International Medical Missionary Benevolent Association, 1866-1896*, 120-121, Ellen White Estate.

The first organized training school for nurses in the United States, the New England Medical Center established in 1872, had direct correspondence with Florence Nightingale and used her design for nurse training, now commonly referred to as the Nightingale Model.¹ Other schools such as Bellevue followed that example.² Kate Lindsay, a primary teacher for the nursing program at Battle Creek, graduated from the Bellevue school of nursing before she became a physician. Therefore, we could attribute the similarities in the Nightingale curriculum and that of the Battle Creek Sanitarium to Lindsay's close connection with both the Bellevue school and the Battle Creek school.

The primary difference between the Battle Creek Sanitarium nursing school curriculum and that of other nursing schools, including the Nightingale School, was the emphasis on meeting both the physical and the spiritual needs of the patient. No references to caring for the spiritual needs were found in other nursing schools in the United States. The only spiritual reference in the Nightingale School was related to student attendance at religious services.

¹This model included apprentice-type training with formal lectures and clinical practice supervised primarily by a nurse. A nurse's home or dormitory was mandated and the student had to be single. Some institutions had similar funding as did the Nightingale School with the Nightingale fund, but many were funded by the hospital.

²Although other hospitals utilized the Nightingale Plan, Bellevue hospital had direct contact with Miss Nightingale through Dr. Gill Wylie. In a letter to Bellevue (Florence Nightingale to Bellevue, 6 September 1876, BL), Florence outlined general principles of organization and emphasized the differences between medical and nursing functions.

In Battle Creek, in the early years of the program, no curricular references were found relating to specific religious classes or instruction in meeting the spiritual needs of patients, but the hidden or informal curricula did address this topic. In letters, students implied that they were responsible for discussing spiritual needs with patients. Mary Staines Foy, in an interview with Emil Leffler, alumni president, stated that the nursing school, even in the early 1880s, had always emphasized Christian health work.¹ The term “Christian health work” was found in various types of correspondence, and references were made to the nursing students discussing and trying to meet both the physical and spiritual needs of their patients in the hospital and in the community. Students saw the spiritual aspect as an integral part of the curriculum, even if it was not part of their formal evaluations. It was their duty as nurses to care for both the spiritual needs and physical needs of the patients. In a letter to her parents, Lucille Barnsworth wrote, “We [the nursing students] did our home visits today and I found it so rewarding to take care of their physical needs while being able to talk to them about Jesus.”² Another student wrote in her diary, “While I was helping Mrs. Merritt with her care, she asked me about my religious beliefs, which I shared and before I left for lunch we had prayer.”³ Mary Staines Foy stated that the nursing program was developed “not only to teach students to

¹Emil Leffler to Alumni, 1933, BCHS.

²Lucille Barnsworth to parents, 10 April 1886, Sanitarium Collection, BCHS.

³Adelaide Perkins, “Diary,” 23 August 1890, Sanitarium Collection, BCHS.

care for diseases, but to encourage the patient to have a closer relationship with God.”

She further added that this included “the student talking with the patient about religious topics and praying with them. As a student I remember being asked by my instructors and the nurses in the hospital about what I did for my patients spiritually.”¹

It was not until 1888 that specific curricular references indicated that nursing students had regular course requirements addressing spirituality both of the student and of the patient. In discussing the spiritual component of the curriculum, Mary Staines Foy referred to a checklist used by the Sanitarium nurses and instructors to grade the students’ participation in religious services, testimonies, Bible study, documentation of field services, and care of patients. This field experience included assignments to specific districts in the city in order to ascertain and meet the needs of the residents. These included food, clothing, and spiritual needs. Although a copy of the checklist could not be found, letters and documentation about the nursing program discussed the students’ involvement in testimonies, Bible study, religion class, and field service.² The spiritual requirements varied, depending on the year a student entered the program (see chapter 7). Some nursing students conducted cooking and sewing classes for the community, some gave Bible studies, some conducted home visits, and others were assigned to the Medical

¹Mary Staines Foy, *Address at the 50th Class Reunion of the School of Nursing*, 14 June 1933, BCHS.

²*Ibid.*; Emil Leffler to Alumni from, 1933, BCHS; Kellogg, “Principles of the Battle Creek Sanitarium,” 4.

Mission in Chicago.¹ Correspondence of students, teachers, and Dr. Kellogg frequently referred to the positive benefits that nursing students received from this aspect of the program. Although not in a formal setting, nursing students engaged in caring for those in the community and were able to talk with people about spiritual concerns without being viewed as proselytizers. This type of Christian health work corresponded with what Ellen White wrote about the work of missionary nurses. She stated:

There are openings for well-trained nurses to go among families and seek to awaken an interest in the truth. In almost every community there are large numbers who do not attend any religious service. If they are reached by the gospel, it must be carried to their homes. Often the relief of their physical needs is the only avenue by which they can be approached. As missionary nurses care for the sick and relieve the distress of the poor, they will find many opportunities to pray with them, to read to them from God's word, and to speak of the Savior. . . . Their unselfish love, manifested in acts of disinterested kindness, will make it easier for these suffering ones to believe in the love of Christ.²

Nursing students reported the results of their missionary endeavors to the school and the teachers shared these in the weekly missionary meetings held at the Sanitarium. Yearly school reports listed the number of graduated nurses engaged in missionary work. This reflected Ellen White's belief that the medical work would be the entering wedge to teach others about Christ.³ In a letter to her parents, Kate Lindsay acknowledged that the work at the Health Reform Institute treated disease based on hygienic principles and

¹Kellogg, "Principles of the Battle Creek Sanitarium," 122-3.

²White, *Medical Ministry*, 246-7.

³Ellen G. White, *Healthful Living*, 3rd ed. (Battle Creek, MI: Medical Missionary Board, 1898), 273.

provided instruction for patients just as Mrs. White had written about in *The Advent Review and Sabbath Herald*.¹ In later years, discussing Ellen White and Kate Lindsay, Mary Staines Foy stated that Dr. Lindsay had incorporated the health teachings of Mrs. White into the nursing program at the Battle Creek Sanitarium, just as Mrs. White's teachings had been used throughout the institution.²

Ellen White was not as closely involved in the Battle Creek Sanitarium's nursing program as Nightingale was in London, but it is evident that the Sanitarium's curriculum utilized White's health beliefs. The primary difference between the two schools was the spiritual emphasis found in the Sanitarium's program, whereas in the Nightingale school this aspect was almost nonexistent.

Summary

Similarities and differences in the beliefs of Ellen G. White and Florence Nightingale and in the implementation of those beliefs have been described here. The research attributes the differences primarily to the women's backgrounds and spiritual beliefs. Florence Nightingale's accomplishments could not have occurred had she not had the education or political contacts that her family provided. Her education opened her philosophical world. Her discontent with the religious practices in England caused

¹Kate Lindsay to parents, 6 November 1867, Kate Lindsay Collection, Library, Loma Linda University, Loma Linda, CA.

²Foy, *Address at the 50th Class Reunion of the School of Nursing*.

her to investigate other beliefs—beliefs that would have been impossible for her to discover without her extensive study of classics and language. This study of various philosophers and philosophies led her to an eclectic belief that had a strong deistic foundation.

Florence was a political genius. She understood how the political system worked, she personally knew many influential leaders and politicians, and Florence used the system to circulate her beliefs and to curtail any negativity about the Nightingale School. All publications cited the Nightingale School as an excellent school. Research indicates that the school did not follow the curriculum as closely as proposed by Nightingale, especially in the first ten years. Even though the school exposed the students to all of Nightingale's beliefs, Florence's plan for the number and type of lectures was not always fulfilled. According to this research and other research about the school,¹ the early years of the program had some deficiencies, as stated in chapter 5.

Although Florence held no formal title in the training school, her opinions were well respected. The Nightingale Fund Council consulted with her regularly regarding policies and procedures. Florence also communicated with students, faculty, and administrators regarding the program. If there were changes in the curriculum or problems with students, she provided recommendations, which the Council and school administrators usually followed. Florence had a widespread influence. Many individuals

¹Baly, *Florence Nightingale and the Nursing Legacy*, 2nd ed.

from a wide geographical range, including the United States, sought her opinions regarding health care and nursing.

The strong curricular thread running throughout the forty years of the Nightingale program that this research covered was that of the development of the student's character. From the onset of the nursing program, the school dismissed students for problems such as disrespect, drunkenness, and inappropriate behavior. Yet publication of any student and curricula problems at the Nightingale school never occurred, which I believe supports the concept of power that Nightingale held with influential individuals. Through Florence's family background, her political influence, and finances, she reformed nursing and health care.

Ellen G. White's underlying philosophy differed vastly from that of Nightingale. Although both women believed that God called them, White's God was one whom she had a personal relationship with—one upon whom she could converse with on an intimate level. Ellen believed that she was to work for God, but her acceptance by Him was built on faith and not just on good or charitable deeds. Ellen's philosophy was biblically based and she believed in the second coming of Jesus. Therefore, it was her role to help prepare others for this event by helping to restore them in God's image. Ellen's source for health care reform was the messages that she believed she received from God. These messages provided the principles upon which her reform occurred.

Restoration was the underlying theme in Ellen White's health work. Whereas Nightingale saw her work as making heaven on earth, by bettering the physical lives of

others, Ellen saw her work as preparing individuals for heaven, which included both spiritual and physical restoration. This emphasis was the basis for the inception of the Battle Creek Sanitarium. The Sanitarium was to be a site not only for physical healing. It was also a place where nurses, physicians, and other workers could point the patient to the master healer, Jesus. The programs set up within the Sanitarium, including the nursing school, all had this overarching goal.

In the medical practice at the Sanitarium, Dr. Kellogg utilized and incorporated Ellen G. White's health beliefs and holistic approach. Patients who came to the Sanitarium for healing began to discuss these beliefs, and they widely publicized Ellen White's health beliefs as the "Battle Creek Idea." Many nondenominational patients associated White's beliefs with Dr. Kellogg and the Sanitarium. Dr. Kellogg through his writings and many speaking appointments also widely publicized these beliefs. Dr. Kellogg acknowledged that Ellen G. White was the messenger of these beliefs. Therefore, her beliefs had a wide dissemination, in association with Dr. Kellogg and the work of the Battle Creek Sanitarium. The health beliefs of Ellen G. White were found in the curriculum at the Battle Creek nursing school.

Ellen White and Florence Nightingale both had an influence on the Battle Creek program. The Nightingale program had been in operation fifteen years before the first graduation of students from a modern nursing program in the United States occurred. Schools of nursing in the United States, therefore, incorporated many of Nightingale's ideas regarding nursing. Bellevue Hospital in New York City was one of the first to

establish a prototype of the Nightingale school. It is very likely that with Kate Lindsay's relationship with Bellevue Hospital both as a student and as a postgraduate physician, and her role as the first faculty and administrator of the Battle Creek school that she incorporated some of Bellevue's ideas when developing the curriculum.¹ Thus, Florence Nightingale had an influence, although subtle, on the nursing program in Battle Creek.

A primary difference in both curriculums was the spiritual component. No evidence was found regarding the specifics of a spiritual component in the Nightingale program. In the Battle Creek program, however, correspondence from students suggested that they were involved with doing Christian help work, having personal Bible study, attending religious meetings, giving testimonies, and conversing with patients about spiritual topics. Details could not be found to establish that the students received specific training on this aspect. In 1888, religion classes were compulsory, but syllabi or details regarding the course requirements were missing. Although the spiritual components of the curriculum appear to be informal or even extracurricular in nature, references indicate that the overarching goal of spiritual restoration was present in the program.

The success of both women is related to their philosophical and family backgrounds and their acceptance by society. Differences in their health beliefs can be attributed to each woman's philosophical viewpoints. Each woman's health beliefs were present in her respective school of nursing. Each of these women exerted a major

¹John Harvey Kellogg, Medical Director of the Battle Creek Sanitarium, had also trained at Bellevue Hospital.

formative influence on the nursing profession. Florence Nightingale is a legend, and, though less known, Ellen White continues to influence the lives of many, including not only more than eleven million Seventh-day Adventists, but also other individuals who have become acquainted with her health beliefs through her writings and through Seventh-day Adventist medical institutions, physicians, nurses, and other personnel.

The influence that both women have played in the role of nursing and health care is still evident in today's schools of nursing. All schools of nursing use Florence Nightingale's environmental health beliefs. These beliefs not only changed the lives of soldiers in Scutari, but they have influenced the world regarding cleanliness and sanitation. The belief of Ellen G. White that hospitals should care for the whole patient, not just the physical illness, is a concept that nursing educators widely uphold throughout schools of nursing and health care institutions. Although current literature supports the spiritual care of patients, it is not always practiced. The most cited reason is the discomfort of the nurse in discussing such topics as this with the patient.¹ The Battle Creek Sanitarium's nursing program was far ahead in this respect, as this concept was an overarching goal beginning in the 1880s. Although currently, spiritual care of the client is addressed in most nursing curriculums, Seventh-day Adventist nursing schools continue to utilize the concept of restoration.

¹O'Brien, 94.

Another idea that Ellen White embraced was that of teaching patients about their illnesses. This concept was another founding principle utilized in the Battle Creek Sanitarium, but not in most other health care institutions in the nineteenth century. In today's health care arena, with increased health costs and decreased reimbursement, they use this principle widely. Ellen White and Florence Nightingale also supported preventive medicine, which is now the current focus in all health care.

Ellen G. White and Florence Nightingale both reformed health care. Many people have profited from both Nightingale and White, and they continue to do so. Without such women who were willing to give of themselves, the direction of nursing throughout the world and in the Seventh-day Adventist denomination may have been much different.

APPENDIX

APPENDIX

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TABLE 1

NIGHTINGALE'S HEALTH BELIEFS INCLUDING THE THIRTEEN CANONS AND DOCUMENTATION
OF USE IN THE NIGHTINGALE SCHOOL AT ST. THOMAS'

Ventilation	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . References found in the Registrar, correspondence and reports from 1860 to 1870. Documented in lectures by Mr. Croft, starting in 1872. Examinations over lecture content starting in 1872. Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Health of Homes	Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Light	Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Personal Cleanliness	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . References found in the Registrar, correspondence and reports from 1860 to 1870. Documented in lectures by Mr. Croft, starting in 1872. Examinations over lecture content starting in 1872. Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.

Table 1—*Continued*.

What Food	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . References found in the registrar, correspondence and reports from 1860 to 1870. Documented in lectures by Mr. Croft, starting in 1872. Examinations over lecture content starting in 1872. Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Variety	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Petty Management	Although not specifically listed in the <i>Duties of a Probationer</i> , it might fall under the broad area that Nightingale labeled as "Management of Convalescents." Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Chattering Hopes	Although not specifically listed in the <i>Duties of a Probationer</i> , it might fall under the broad area that Nightingale labeled as "Management of Convalescents." Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Observation	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . Documented in lectures by Mr. Croft, starting in 1872. Examinations over lecture content starting in 1872. Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.

Table 1—Continued.

Cleanliness of Rooms	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . References found in the Registrar, correspondence and reports from 1860 to 1870. Documented in lectures by Mr. Croft, starting in 1872. Examinations over lecture content starting in 1872. Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Bed and Bedding	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . References found in the Registrar, correspondence and reports from 1860 to 1870. Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.
Noise	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . Students required to read <i>Notes on Nursing</i> four times during their year of training , starting in 1873.
Taking Food	Listed to be taught in the <i>Duties of a Probationer</i> , commencing with the onset of the program in 1860 and refined in 1879 in <i>Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers</i> . References found in the Registrar, correspondence and reports from 1860 to 1870. Documented in lectures by Mr. Croft, starting in 1872. Examinations over lecture content starting in 1872. Students required to read <i>Notes on Nursing</i> four times during their year of training starting in 1873.

Table 1—Continued.

Spiritual	Before admission, students were required to have a reference from a minister or clergyman. Attendance at the morning and afternoon Divine Services on Sundays were required of students, and documentation in correspondence substantiate their attendance. A Bible class was required with the original curriculum, but documentation regarding an actual class was not found. Annual letters to the students from Nightingale stressed the nature of God, His laws, and the concept of service and perfection, but specific references to this in the curriculum are not found.
Character	The character of students (sober, honest, trustworthy, punctual, quiet and orderly, cleanly and neat, patient, cheerful, and kindly) were to be evaluated monthly from the inception of the program. No early check sheets are found, but references to these attributes are evident in Nightingale's correspondence and manuscripts. References are also found in which students were dismissed for insobriety.

TABLE 2

**WHITE'S HEALTH BELIEFS INCLUDING THE EIGHT NATURAL REMEDIES AND DOCUMENTATION OF USE IN THE
BATTLE CREEK SANITARIUM NURSING PROGRAM**

Nutrition	Documentation of nutrition principle found since 1884 in the curriculum. Concepts found in lectures by Kate Lindsay and a chapter in her nursing textbook, in addition to practical experience. Students ate only vegetarian food at the Sanitarium.
Exercise	Documentation of principles related to the need for exercise found since 1884 in the curriculum. Concepts found in lectures by Kate Lindsay and a chapter in her nursing textbook. Practical experience in the curriculum. Students had classes on calisthenics, Swedish gymnastics, and massage. Students were required to be in good physical condition and have daily exercise in the gymnasium.
Water	Documentation of principles related to water found since 1884 in the curriculum. Concepts found in lectures by Kate Lindsay and a chapter in her nursing textbook. Students received practical training in hydrotherapy.
Sunshine	Documentation of principles related to sunshine found since 1884 in the curriculum. Concepts found in lectures by Kate Lindsay and a chapter in her nursing textbook. Students were to take patients outdoors and engage in regular outdoor activities.

Table 2—Continued.

Temperance	Documentation shows that the Battle Creek Sanitarium did not serve tea or coffee and did not allow tobacco or alcohol on the premises. The Sanitarium served only a vegetarian diet. Documentation also indicates that the Sanitarium relied heavily on the eight natural remedies and used drugs sparingly. No documentation is found specifically related to the school about the teaching of the use of drugs. It is stated in the student handbook that alcohol and tobacco was not permitted, but no other reference related to that teaching is found. The <i>Principles of the Battle Creek Sanitarium</i> indicate that temperance was addressed because they stressed the regularity of meals, proper sleep, outdoor exercise, bathing, and diet.
Air	Documentation of the need for fresh air and ventilation found since 1884 in the curriculum. Concepts found in lectures by Kate Lindsay and a chapter in her nursing textbook. Students were to take patients outdoors and themselves were also to engage in regular outdoor activities.
Rest	Concepts found in lectures by Kate Lindsay and a chapter in her nursing textbook. Proper sleep was addressed in the <i>Principles of the Battle Creek Sanitarium</i> .
Trust	In 1888, additional classes were offered for students who wanted to be medical missionaries. In addition to the course work, students spent between six and twelve months doing field missionary work. Advanced Bible classes were included in the 1891 curriculum.
Cleanliness	Documentation of principles of cleanliness found since 1884 in the curriculum. Concepts found in lectures by Kate Lindsay and a chapter in her nursing textbook, in addition to practical experience.
Restoration	From the onset of the program, the curriculum emphasized spiritual restoration. This is documented in journals, correspondence, manuscripts, and diaries.

TABLE 3

BATTLE CREEK SANITARIUM AND NIGHTINGALE SCHOOL CURRICULUMS

BATTLE CREEKNIGHTINGALE SCHOOL

Admission Standards	Good health, fair intelligence and education, good moral character with satisfactory recommendations, religious background (early years only SDAs, at the beginning of twentieth century only five percent SDAs), ability to become first-class nurses, ability and disposition to study hard and work hard to become qualified nurses. Males and females accepted with males registering beginning 1886.	Female, between the ages of 25 to 35, irreproachable characters, had to supply reference from a clergyman and an additional character testimonial from another source. Had to provide a health certificate.
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Table 3—Continued.

Curriculums	<p>1883- 3 month course. Consisted of 100 lectures and a few hours of practical exercise each day. Stated that the lectures included all branches of study, but specifics not found. References related to spiritual restoration were emphasized in periodicals and letters, but specifics related to implementation in the curriculum were not found.</p>	<p>1860- The sister in charge of the nurses' home was to educate the probationers in the art of reading, writing, religion, and morals. Technical Skills that students were to be proficient in included dressings, fomentations, and poultices; application of leeches; enemas; trusses; bandaging; making beds; application of friction to the body and extremities; management of convalescing and helpless patients; cooking gruel, arrowroot, egg flip, puddings and drinks for the sick; ventilation; observation of the sick; and attendance at operations. The students had 10 hours per day for ward duty. A daily exercise period for one-and- one-half hours. Twice a week had one-and-a-half to two hours allocated for reading and a weekly music and religion class.</p>
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Table 3—Continued.

	<p>1884-2 year program started First-year courses included anatomy, physiology, surgical nursing, hygiene, practical nursing, hydrotherapy and cookery. Second year courses included massage, Swedish movements, cookery, diseases, and obstetrics and gynecology. Again, references related to spiritual restoration were emphasized in periodicals and letters, but other than a reference to students having a religion class and requirements for them to attend the twice-daily prayer sessions at the Sanitarium, specifics were not found.</p>	<p>1861- One reference was found that students were required to read <i>Notes on Nursing</i>, but there was no direct reference found in curricular materials. Students reported sporadic lectures by Mr. Whitfield, noting specifically chemical lectures.</p>
	<p>1885- Curriculum included the above and added the following classes: nature and causes of diseases, principles of cure, management of common diseases, dressing simple wounds, ventilation, air and water contamination, general nursing, disinfection, bandaging, diet for sick, theoretical and practical electricity, calisthenics, and what to do in emergencies.</p>	<p>1867- Added an additional track for Lady Probationers. These trained under stricter supervision and received more lectures.</p>

Table 3—Continued.

	1888- Additional courses included dietetics, medical dietetics, germs, nature and causes of diseases, language of diseases, elementary chemistry, dressing injuries, and bandaging. Kate Lindsay's textbook was published and used and also added the following: fresh air and clean water; rest—mental and physical; neatness, making beds; what the nurse should know about symptoms; treatment, medicines, disinfectants, and antiseptics; fevers and fever nursing; and instructions for operating room.	1872- Lectures given by Mr. Croft. Syllabi included definition of nursing, duties of a nurse, observation of the sick, ventilation, cleanliness, feeding of the sick, food, and moving the sick.
	1888- Medical Missionary 5-year program started. Additional courses included bacteriology, sanitary science, advanced anatomy, materia medica, urinalysis, special surgical nursing, midwifery, missionary work, and Bible study.	1873- Examinations were given over lectures by Mr. Croft. Students were required to read <i>Notes on Nursing</i> four times. Clinical lectures were also given to students.
	1893- Curriculum extended to 3 years to include the above courses. The missionary program continued to be 5 years with students taking the general nursing course the first three years and in the last two years being devoted to mission work, office nursing, and industrial nursing.	1879- First nursing text for students-written by Nightingale: <i>A Memorandum of Instruction by Matron toward Sisters in Duties to the Probationers.</i>

Table 3--Continued.

	<p>1895- 4 programs. The first was a general course in nursing that included the basics (but the courses were not specified). The second was a two year program, with the second year being spent in specialities to train surgical and obstetrical nurses. The third program involved supervision of visiting nurses and teaching classes in nutrition and physical culture. The fourth program was a one-year program of field missionary work, which the students spent working in missions. This curriculum continued through 1900.</p>	
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VITAE- RUTH DUNCAN ABBOTT

EDUCATION

June 1974	Bachelor of Science in Nursing Wayne State University, Detroit, MI
December 1978	Masters of Science in Nursing University of Alabama, Birmingham, AL
January 2001 completed all requirements Graduation 5/01	Ph.D. Candidate, Curriculum and Instruction Andrews University, Berrien Springs, MI

EDUCATIONAL EXPERIENCE

1991- Present	Andrews University, Berrien Springs, MI Associate Professor of Nursing, Graduate program
87-91	Kellogg Community College, Battle Creek, MI Director of Nursing Education
85-87	Ferris State University, Big Rapids, MI Outreach Director for BSN Programs
81-85	Atlantic Union College, South Lancaster, MA Chairperson of Nursing Department
79-91	Southern Adventist University, Collegedale, TN Assistant Professor, Year Coordinator BSN Program
78-79	Cumberland College, Williamsburg, KY Assistant Director of Nursing Education
75-77	Southern Adventist University, Collegedale, TN Instructor, BSN Program